Utah State Hospital Policies and Procedures
Facilities Management

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Utah State Hospital Facilities Management

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Utah State Hospital
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UTILITIES SYSTEMS MANAGEMENT PLAN

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Utah State Hospital Facilities Management

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Rev: 04/98, 12/98, 11/00, 3/04

The Utilities Management Plan describes how the organization will establish and maintain a utility systems management program to:

a. Promote a safe, controlled, comfortable environment of care;

b. Assess and minimize risks of utility failures; and

c. Ensure operational reliability of utility systems;

The plan provides processes for:

d. Establishing criteria for identifying, evaluating, and taking inventory of critical operating components of systems to be included in the utility management program.

These criteria address the impact of utility systems on:

1. Life support systems,
2. Infection control systems,
3. Environmental support systems,
4. Equipment-support systems, and
5. Communication systems,

e. Inspecting, testing, and maintaining critical operating components;

f. Developing and maintaining current utility system operational plans to help ensure reliability, minimize risks, and reduce failures;

g. Mapping the layout of the utility systems and labeling controls for a partial or complete emergency shutdown; and

h. Investigating utility systems management problems, failures, or user errors and reporting incidents and corrective actions.

The utility management plan establishes:

i. An orientation and education program that addresses:
   1. Utility systems' capabilities, limitations, and special applications,
   2. Emergency procedures in the event of a system failure,

3. Information and skills necessary to perform assigned maintenance responsibilities,
4. Location and instructions for use of emergency shutoff controls,
5. Processes for reporting utility system management problems, failures, and user errors;

j. Performance standards that address one or more of the following:
    1. Staff utility management knowledge and skill,
    2. The level of staff participation in utility management,
    3. Monitoring and inspection,
    4. Emergency and incident reporting procedures that specify when and whom reports are communicated, or
    5. Inspection, preventative maintenance, and testing of critical operating components, and

k. Emergency procedures for utility system disruptions or failures that addresses:
    1. Specific procedures in the event of utility systems malfunction;
    2. Shutoff of malfunctioning systems and notification of staff in affected areas;
    3. Identification of an alternative source of essential utilities;
    4. Obtaining repair services; and
    5. How and when to perform emergency clinical interventions when utility systems fail.

The utility systems management plan includes how it will be evaluated annually in terms of its objectives, scope, performance, and effectiveness.

I. Policy

1. The Utility Systems Management Plan provides processes for establishing and maintaining a Utility Systems Management program for the Utah State Hospital by Support Services, and in particular the Facilities Management (Maintenance) Department.

II. Objective

1. The Utility Systems Management Plan is intended to provide processes for:

    a. Assessing and minimizing the risks associated with utility systems.

    b. Ensuring the operational reliability of utility systems through:
        1b1. Inspection, testing, and maintenance of critical operating components of utility systems.
        1b2. The education of users and maintenance workers of utility systems.

III. Responsibility

1. The utility system is maintained by the Facilities Management Department, (Maintenance).

2. The utility system program is established, supported, and monitored by the Utility Subcommittee of the Utah State Hospital Environment of Care Committee, and reports directly to this committee.

IV. Process

1. To establish support and maintain the Utility Systems management Program, the Utility Subcommittee will:

   a. Monitor and carry out activities identified in this plan.

   b. Annually identify, evaluate, and inventory critical operating components of the utility systems to be included in the Utility Systems Management Program. Facilities Management has established a preventative maintenance work order system that will be used to schedule this annual process.

   c. Monitor inspection, testing, and maintenance of critical operating components of the utility system to:
      1c1. Assess and minimize risk.
      1c2. Assure operational reliability.

      By:
      1c3. Review of maintenance records.
      1c4. Review of Utility Problem Reports.
      1c5. Special reviews when necessary, as determined by the Utility Subcommittee.

      And:

      Monitor education of users and maintenance workers of the utility system to:
      1c6. Assess and minimize risk.
      1c7. Assure operational reliability.

      By Tracking:
      1c8. Utility Subcommittee indicator #A on training of Utility System users.
      1c9. Utility Subcommittee indicator #B on training of Utility Systems maintenance workers.
      1c10. Training content and appropriateness.

   d. Develop and maintain current Utility System Operational Plans written to:
      1d1. Ensure reliability.
      1d2. Minimize risks.
      1d3. Reduce failures.

   e. Coordinate with Facilities Management Supervisors to:
      1e1. Identify the distribution of each utility system.
      1e2. Identify controls for partial or complete emergency shut-

down of each utility system.

f. Operate the Utility System Problem Report process to provide for reporting and investigating for:
   1f1. Utility Systems Management Program problems that may be a threat to the patient care environment.
   1f2. Failures or user errors that may be a threat to the patient care environment.

g. Perform an annual evaluation of the objectives, scope, performance, and effectiveness of the documented Utility Management Plan.

V. Scope

1. The Utility Systems Management Plan applies to the entire hospital campus but more specifically to:

a. Beesley Building
b. Campus Chapel
c. Day Care Building
d. Excel House
e. Support Service Management Building
f. Forensic Building
g. Heating Plant
h. Heninger Building
i. Laundry/Garage Building
j. Maintenance Shops
k. Medical Services Building
l. Rampton I & II Buildings
m. Rampton Cafeteria
n. Warehouse
o. Youth Center School
p. Hospital Electrical Sub-Station
q. Hospital Potable Drinking Water Field Well; Slate Canyon Springs.

VI. Criteria For Critical Components

1. The following criteria will be used to identify, evaluate, and inventory critical operating components of utility systems to be included in the Utility Management Program.

a. Life Support Systems
   1a1. Does the utility serve the patient?
   1a2. Does the utility serve a patient care area?
   1a3. Would the loss of the utility put the patient's life at risk?

b. Infection Control Systems
   1b1. Does the utility serve an area requiring extraordinary measures for infection control?
   1b2. Will the loss of the utility compromise infection control?

c. Environmental Support Systems
   1c1. Would the loss of the utility negatively impact patient care?
   1c2. Does the utility serve a patient care area?

d. Equipment Support Systems
   1d1. Does the utility support patient care equipment?
   1d2. Would the loss of the utility compromise the operation of patient care equipment?

e. Communication Systems
   1e1. Does the utility system support communication systems used for patient care?
   1e2. Would the loss of the utility system compromise the operation of the communication system?

VII. Utility Systems Problem Reports

1. Utility System Problem Reports may be submitted through a standard work order process, by anyone in the Hospital Organization.

2. The supervisor in Facilities Management over the affected area is responsible to:

   a. Take appropriate action to respond to the problem in order to minimize risk to patient care.

   b. Immediately notify the Support Services Director and the Environmental Risk Manager if patient care or system reliability is affected.

   c. Report the problem to the Utility Subcommittee through the standard work order process.

3. The Utility Subcommittee will:

   a. Assign a number to the problem report.

   b. Advise and monitor the response.

   c. Bring the problem to a satisfactory conclusion.

VIII. Training

1. Training for users of the utility system is conducted at department orientation.

   Topics covered include the utility system.

   a. Capabilities

   b. Limitations

   c. Emergency procedures for users when utility systems fail.
      1c1. The process to report utility system management problems, failures, and user errors.

2. Training for users on special applications for the utility system are conducted by the employee's department. The documentation is maintained in the Support Service Management office.

3. Training for utility system maintenance workers is performed by Facilities Maintenance Management staff. It includes:
    - 3a1. The information and skills needed to perform maintenance.
    - 3a2. The location and use of emergency shut-off controls.
    - 3a3. The process to report utility system management program problems, failures, and user errors.

IX. Communication With The Risk Control Committee

1. The Utility Subcommittee reports incidents to the Hospital Risk Control Committee during their regular meeting.

2. Whenever there are incidents that present an immediate or significant risk to health, life, or property, the Environmental Risk Manager will be notified immediately.

X. Annual Review

1. An annual evaluation of the Utility Systems Management Plan objectives, scope, performance, and effectiveness is completed by the Utility Subcommittee with appropriate recommendations submitted for approval by the Hospital Environment of Care Committee.

XI. Utility Subcommittee

1. The composition of the Utility Subcommittee will be:
    a. The Director of Support Service Management (chairman).
    b. The hospital Environmental Risk Manager.
    c. The supervisors, and maintenance staff responsible for the electrical, plumbing, and HVAC.

2. The Utility Subcommittee will meet as often as needed to provide the overall Management of Care of the Utah State Hospital Utility Systems.

XII. Utility Systems Policies & Procedures

1. The following are utility systems covered by this plan:

FM	1000	Facility Management Mission Statement
	1001	Statement of Accountability & Responsibility
	1002	Facility Maintenance Functions - SMS
	1003	Scope of Service
	1004	Hours of Service
	1005	Staff Meetings
	2000	Environmental Maintenance: General Overview (SMS)
	2000.1	Environmental Maintenance: Nonflammable Anesthetizing Location
	2000.2	Environmental Maintenance: Wet Location Sample Test Form
	2000.3	Environmental Maintenance: Non-patient Care Area
	2000.4	Environmental Maintenance: General Patient Care Area
	2000.5	Environmental Maintenance: Mechanical Area
	2000.6	Environmental Maintenance: Grounds
	2000.7	Building Temperature Setting
	2000.8	Patient Industrials
	2001	Maintenance & Inspection: Fire Warning & Safety System
	2002	Maintenance & Inspection: Electrical Distribution & Emergency Generators
	2003	Maintenance & Inspection: Vertical & Horizontal Transport System
	2004	Maintenance & Inspection: Heating, Air Conditioning Ventilation, & (HVAC) System
	2005	Maintenance & Inspection: Water Distribution/Plumbing System
	2005.1	Maintenance & Inspection: Back-Flow & Cross Connection Control
	2006	Maintenance & Inspection: Boiler/Steam System
	2007	Maintenance & Inspection: Medical-Gas System
	2008	Scheduled Equipment: Maintenance
	2009	New Equipment: Inventory & Inspection
	2010	Equipment Repair
	2011	Pre-purchase Evaluations
	2012	Service Requests
	3000	Facilities Management Job Descriptions (all)
	3001	Orientation of New Employees
	3002	In-Service Education

3003 Continuing Education
3004 Staffing
3005 Time Sheets
3006 Absenteeism and Tardiness
3007 Dress Code
3008 Performance Evaluations
4000 Tool Storage, Distribution, and Inventory

XIII. Utility Systems Emergency Protocol

FM	5000	Loss of Electrical Power.
	5001	Elevator Failure & Passenger Removal.
	5002	Failure of Vertical Lifts.
	5003	Failure of H.V.A.C. Systems.
	5004	Failure of Boiler/Steam Equipment.
	5005	Failure of Water Distribution System.
	5006	Failure of Plumbing System/Flooding.
	5007	Failure of Medical gas System - Oxygen.
	5008	Failure of Medical Vacuum System.
	5009	Failure of the Nurse call System.
	5010	Toxic External Atmosphere.
	5011	Alternative Fuel Supply

IXV. Safety and Security

FM	6000	General Safety
	6001	Lock Out/Tag Out
	6002	Hazardous Materials (MSDS)
	6003	Asbestos Control Program
	6004	Handling and Use of Compressed Gas Cylinders
	7000	Facilities Management Evacuation Plan
	7001	Confined Space Entry Program
	7002	Preventing Legionella

XV. Fleet Operations

FM	9000	Authority
	9000.1	Definitions
	9001	Vehicle Use Standards
	9002	Agency Contact
	9003	Vehicle Usage
	9004	Vehicle Utilization and Rotation
	9005	Vehicle Type
	9006	Fuel Dispensing
	9008	Safety and Loss
	9009	Maintenance

It is the mission of the Facilities Management Department to insure that:

Policy:

* The hospital's environment is safe and comfortable.
* Essential utilities are delivered without interruption.
* Mechanical systems and equipment operate safely, accurately, and reliably.

Rev: 9/95, 12/98, 11/00

Purpose:

To describe the hierarchy of accountability and responsibility within the Facilities Management Department and between the department and hospital administration.

Policy:

The Facilities Management Department is under the direction of the Director of Support Services. It is the responsibility of the director to ensure that the Facilities Management Department operates as efficiently and effectively as possible, works cooperatively with other hospital departments toward achieving its goals and objectives and those of the hospital, and meets the applicable standards and regulations of the
accrediting and licensing bodies. These responsibilities may be assumed by by whom the Director of Support Services delegates, during his/her absence.

In carrying out these responsibilities, the Director of Support Services is directly accountable to the Assistant Hospital Administrator.

Purpose:

In carrying out its mission and in accordance with the scheduled maintenance system (SMS), the Facilities Management Department performs the following functions:

Policy:

1. As part of the hazard surveillance program, conducts periodic surveys of each environmental unit to identify and correct potential problems and to perform preventive maintenance or repairs.

2. Carries out a preventive maintenance program, SMS, for the individual inspection, maintenance, and repair of equipment deemed essential for life support or that is inherently more hazardous or complex.

3. Regularly tests alarm systems and safety mechanisms to be certain they are functioning properly.

4. Responds immediately to restore service when mechanical systems fail.

Purpose:

To define the scope of service provided by the Facilities Management Department.

Reference:

Accreditation Manual for Hospitals, Standards PL.2.2, 3.2.1.1., 4.4, and 4.4.1

Policy:

The Facilities Management Department is responsible for the condition and function of the hospital's physical plant, including all utilities, grounds, and equipment, as indicated and with the exceptions noted below.

1. All areas of the hospital, and equipment therein, are inspected and maintained as environmental units, in accordance with the equipment scheduled maintenance system (SMS), with the following exceptions:

   a. Equipment

* Considered essential for life support.
* Associated with a higher-than-normal incident risk during routine operation.
* Requiring, by reason of its complexity, a more intensive maintenance schedule.
* Associated with utility systems that maintain a normal hospital environment.
* Supplied or maintained by an external vendor.

The equipment listed above will be inventoried, inspected, maintained, and recorded on an individual basis within the system. Documentation of external vendors will also be maintained as part of the SMS.

b. Arrangements for the inspection, maintenance, and repair of the following categories of equipment, and documentation thereof, will be the responsibility of the department indicated:

* Imaging equipment
* Laboratory testing equipment
* Anesthetic delivery equipment (including analyzers)

* Pharmacy computers, DRG computers, all computer terminal equipment connected to the regional mainframe computer

* Communication lines dedicated to equipment listed in 2/d electric shop.
* Personal computers; computer services.
* Telecommunications equipment; electric shop.

c. The following services will be provided by outside vendors as requested and will be arranged by the Facilities Management Department:

* Inspection, maintenance, and repair of elevators.
* Maintenance and repair of vertical lifts (dumbwaiters).
* Construction projects with an estimated cost under $200,000.00.
* Repair of major breakage (clean-up service is provided by the Environmental Services Department).
* Maintenance and repair of Photocopying equipment.
* Maintenance and repair of typewriters.

Maintenance and repair of word processors

d. Verification of the purity of oxygen and nitrous oxide at the point of delivery to the patient will be the responsibility of the Respiratory and Anesthesia Departments, respectively.

2. Movement of furniture and equipment is provided as follows:

a. Movement between facilities is performed by business office/warehouse

b. Movement within a single facility is performed by unit staff.

c. Facilities Management must be notified of all electrical equipment movements.

3. Key and lock services are provided as follows:

a. Desk and cabinet keys are made and distributed by carpenter shop.

b. Door keys are made and distributed by carpenter shop, (See Policy, "Key Control").

c. Desk and cabinet locks are repaired (and forced openings) by the Carpenter shop and USH Security.

d. Door locks repaired (and forced openings) by carpenter shop and USH Security.

e. Door key access is provided by the Security Department, (See Policy, "Key Control.")

4. Service manuals for patient care and other equipment maintained by the Support Service Department are kept on file in this department. User/operator instructions are on file in the department in which the equipment is used.

Purpose:

To define the normal hours of service of the Facilities Management Department and the procedure for obtaining services outside those hours.

General Information:

Emergency services--Those plant or biomedical engineering services needed to resolve problems or conditions that pose an immediate threat to patient or employee safety or which may significantly affect the ability of a department or area to carry out an essential function.

Policy:

1. The Facilities Management Department will be available to provide emergency services 24 hours a day, 7 days a week, including holidays.

2. The department will provide routine services and will respond to non-emergency requests for services during its normal hours of service, as specified below.

	Hours	**Contact**
1. Emergency Services		
	24 hours per day 7 days a week Monday-Friday	Facilities Office Ext. 4700,4701,4702, 703,4704.4705,4719, 4744,4748,4740,

Outside above hours Facilities personnel-on-duty may be contacted through the switchboard operator.

Door key access

24 hours per day 7 days a week Monday-Friday	Carpenter Shop Ext. 4745,4700 4251 Security.

2. Routine and Non-emergency Services

	Hours	Contact
Facilities Shops		
	8 hours per day 5 days per week	Shop Offices, Ext. 4700, 4701,4702,4703,4704,4705,
	Monday-Friday	4719,4744,4748,4740

3. Administrative and Other Services

Personnel	Hours	Contact
Director; Support Services	8 hours per day 5 days a week	Facilities Office Ext. 4740,4741
Fleet Manager USH Vehicles	8 hours a day 5 days a week	Facilities Office Ext. 4742,4740
Utilities Supervisor	8 hours per day 5 days a week	Facilities Office Ext. 4743,4740
Building & Grounds Supervisor	8 hours a day 5 days a week	Facilities Office Ext. 4745,4740

Routine service hours start at 0800 hr. and end at 1630 hr and At 0700 hr. to 1530 hr

Purpose:

To establish time and attendance requirements for staff meetings.

Policy:

1. A departmental supervisors meeting will be held the Monday of each week at 10:30 am in the Support Services Director's Office.
2. All supervisors are expected to attend. An agenda will be published, and minutes will be taken by the department secretary and distributed all members attending.
3. A department staff meeting will be held once a month, on Tuesday, at 12:30 pm, in the carpenter shop.
4. All employees will be expected to attend. Copies of the meeting minutes will be circulated to all those on sick leave or other leave or who have been excused from attending.
5. The agenda of the meeting will be determined by the Director of Facilities Management, or department supervisors, with input from all employees.
6. The meeting will be conducted by the director, supervisor, or a designee.
7. Minutes of each meeting will be kept on file for a period of at least three years in the Support Service's Management Office.

Purpose:

To describe the process by which maintenance work within defined environmental units is assigned, performed, and documented.

References:

Utah State Hospital maintenance manual.
Accreditation Manual for Hospitals, Standard PL.2.2

General Information:

Environmental unit: A space of manageable size in terms of square footage or work intensity classified by the principal activity that takes place within it.

Environmental maintenance: Those regularly scheduled activities performed to ensure that each environmental unit, and the individual items classified as part of it, are maintained in a safe, functional, and aesthetically acceptable condition.

Scheduled maintenance system (MP-2): A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Policy:

1. The hospital will maintain its physical plant in accordance with a schedule that will serve to provide a safe, functional, and aesthetically pleasing environment.
2. Environmental maintenance will be scheduled, performed, and documented in accordance with the environmental unit instruction set incorporated in the SMS.

Procedure:

1. Each day, the Facilities Secretary issues to the shops the scheduled maintenance work orders produced by the SMS.
2. The department supervisor conducts an inspection of each environmental unit scheduled for maintenance.
3. The journeyman performs preventive and corrective maintenance and

conducts functional and safety testing as specified in the instruction set.

4. The journeyman prepares and submits to the Facilities Department a corrective maintenance form for any repair work that will take more than 5 minutes to complete or for which tools for parts are not readily available.

5. The journeyman completes the scheduled maintenance work order, indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed, and submits the work order to the Support Services office for entry in the SMS - MP2 system.

1. Nonflammable anesthetizing location: Area in which inhalant anesthetic agents are administered and that is so designated by a hospital policy.

2. Wet location: Patient care area that normally operates under wet conditions, including standing water or flushing of the work area.

3. General care area: Area in which patients come in contact with ordinary electrical appliances (lamps, beds, televisions, etc.) or may be connected to medical devices.

4. Non-patient care area: Area in which patients are not normally cared for or treated, such as administrative offices, laboratories, nursing stations, storage areas, or kitchens.

5. Mechanical area: Area of restricted access containing plant equipment.

6. Grounds: Area surrounding hospital buildings, including driveways, walkways, parking lots, lawns and gardens, to which the public normally has access.

Audio visual equipment
Baby cribs
Bassinets
Bed lamps
Buffers
Business machines
Calculators
Medical gas outlets
Ceilings
Coffee makers
Conductive floor testing
Door latch tensions
Doors (manually operated)
Drinking fountains
Electrical outlets
Electronic thermometers
Electrical Beds (noncritical beds)
Electrocautery
Enzyme treatment drains
Exam tables
Exit lighting
Eye washers
Floor coverings
Floor machines
Floor and roof drains
General lighting
Gurneys
Heaters
Heat-sealing units
ID printers
Immersion heaters
Insect controllers
Isolated power systems
Laminar air flow
Laundry chute doors
Lawn sprinkler system
Master clocks
Mechanical beds
Medical vacuum outlets
Motorized tables
Morgue table
Non-electrical food carts
Nurse-call system
OR lamps
Parallel bars
X-ray view boxes
Patient lifts
Patient scales
Plaster traps
Portable exam lamp
Portable fan
Portable heat lamps
Refrigerator (nonmedical storage)
Room furniture
Room grounding
Sewers
Showers
Signs and lighting
Sinks
Stenographic equipment
Tape recorders
Televisions
Time clocks
Time/date stamp unit
Toilet exhausters
Toasters
Trash chute doors
Typewriters
Ultrasonic cleaners (small)
Vacuum cleaners
Walls
Warming cabinets
Water temperatures
Wheel/chairs
Window screens|
Whirlpool unit

Rev: 9/95, 12/98, 11/00

Purpose:

To define the procedure for inspecting a critical care area and performing preventive and corrective maintenance as needed.

Reference:

The hospital's maintenance manual.

General Information:

Non-Flammable anesthetizing location: Area in which inhalant anesthetic agents are administered and that is so designated by hospital policy.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Inspect the area for abnormal conditions or those that detract from the aesthetic appearance of the area, such as chipped or peeling paint or wall coverings, broken electrical or medical gas receptacle covers, and burned-out lamps.
2. Check the integrity and function of minor mechanical and electrical equipment.
3. Lubricate and make minor adjustments on equipment, as needed.
4. Clean and vacuum equipment and those portions of the area not accessible to housekeeping personnel (Eg.., electrical closets).
5. Check ground continuity of appropriate electrical equipment. (Refer to Electrical Safety Test No. 3, maintenance manual, Vol. 1. Maximum parameter: 0.50 OHM)
6. Test the polarity and tension of electrical receptacles. (Refer to Electrical Safety Test No. 1, maintenance manual. Minimum parameter: 8 oz. or 225 grams.)

7. Test warning devices of the line insolation monitor using an appropriate simulated fault load (2 or 5 MA). (Refer to Electrical Safety Test No. 7, maintenance manual.)

8. Check the patient room grounding environment. (Refer to Electrical Safety Test No. 1, maintenance manual. Maximum parameters: 40 millivolts or 0.50 OHM)

9. Prepare a corrective maintenance order for any equipment repair that will take more than 5 minutes to perform or for which the necessary tools or parts are not readily available.

Rev: 9/95, 12/98, 11/00

Purpose:

To define the procedure for inspecting a wet location and performing preventive and corrective maintenance as needed.

Reference:

Utah State Hospital maintenance manual.

General Information:

Wet location: Patient care area that normally operates under wet conditions, including standing water or flushing of the work area.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Inspect the area for abnormal conditions or those that detract from the aesthetic appearance of the area, such as chipped or peeling paint or wall coverings, broken electrical or medical gas receptacle covers, and burned out lamps.
2. Check the integrity and function of minor mechanical and electrical equipment.
3. Lubricate and make minor adjustments on equipment, as needed.
4. Clean and vacuum equipment and those portions of the area not accessible to housekeeping personnel (Eg.., electrical closets).
5. Check ground continuity of appropriate electrical equipment. (Refer to Electrical Safety Test No. 3, maintenance manual. Maximum parameter: 0.50 OHM)
6. Test the polarity and tension of electrical receptacles. (Refer to Electrical Safety Test No. 1, maintenance manual. Minimum parameter: 8 oz. or 225 grams.
7. Test warning devices of the line isolation monitor using an appropriate simulated fault load (2 or 5 MA). (Refer to Electrical Safety Test No. 7,

maintenance manual.)

8. Prepare a corrective maintenance order for any repair work that will take more than 30 minutes to perform or for which the necessary tools or parts are not available.

Purpose:

To define the procedure for inspecting a non-patient care area and performing preventive and corrective maintenance as needed.

Reference:

Utah State Hospital maintenance manual.

General Information:

Non-Patient care area: Area in which patients are not normally cared for or treated, such as administrative offices, laboratories, nursing stations, storage areas, or kitchens.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Inspect the area for abnormal conditions or those that detract from the aesthetic appearance of the area, such as chipped or peeling paint or wall coverings, broken electrical or medical gas receptacle covers, and burned-out lamps.
2. Check the integrity and function of minor mechanical and electrical equipment.
3. Lubricate and make minor adjustments on equipment, as needed.
4. Clean and vacuum equipment and those portions of the area not accessible to housekeeping personnel (Eg.., electrical closets).
5. Check ground continuity of appropriate electrical equipment. (Refer to Electrical Safety Test No. 3, maintenance manual. Maximum parameter: 0.50 OHM)
6. Test the polarity and tension of electrical receptacles. (Refer to Electrical Safety Test No. 1, maintenance manual. Minimum parameter: 8 oz. or 225 grams.)
7. Prepare a corrective maintenance order for any repair work that will take more than 30 minutes to perform or for which the necessary tools or parts are not readily available.

Purpose:

To define the procedure for inspecting a general patient care area and performing preventive and corrective maintenance as needed.

Reference:

The Utah State Hospital maintenance manual.

General Information:

General Patient care area: Area in which patients come in contact with ordinary electrical appliances (lamps, beds, televisions, etc.) Or may be connected to medical devices.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Inspect the area for abnormal conditions or those that detract from the aesthetic appearance of the area, such as chipped or peeling paint or wall coverings, broken electrical or medical gas receptacle covers, and burned-out lamps.
2. Check the integrity and function of minor mechanical and electrical equipment.
3. Lubricate and make minor adjustments on equipment, as needed.
4. Clean and vacuum equipment and those portions of the area not accessible to housekeeping personnel (Eg.., electrical closets).
5. Check ground continuity of appropriate electrical equipment. (Refer to Electrical Safety Test No. 3, maintenance manual. Maximum parameter: 0.50 OHM)
6. Test the polarity and tension of electrical receptacles. (Refer to Electrical Safety Test No. 1, maintenance manual. Minimum parameter: 8 oz. or 225 grams.)
7. Prepare a corrective maintenance order for any repair work that will take more than 5 minutes to perform or for which the necessary tools or parts are not readily available.

Purpose:

To define the procedure for inspecting a mechanical area and performing preventive and corrective maintenance as needed.

Reference:

The Utah State Hospital maintenance manual.

General Information:

Mechanical Area: Area of restricted access containing plant equipment.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Inspect the area for abnormal conditions or those that detract from the aesthetic appearance of the area, such as chipped or peeling paint or wall coverings, broken electrical or medical gas receptacle covers, burned-out lamps, and signs of water leakage (discoloration).
2. Check ground continuity of appropriate electrical equipment. (Refer to Electrical Safety Test No. 3, maintenance manual. Maximum parameter: 0.50 OHM)
3. Test the polarity and tension of electrical receptacles. (Refer to Electrical Safety Test No. 1, maintenance manual. Minimum parameter: 8 oz. Or 225 grams.)
4. Inspect all electrical conduit and piping, insulation, hangers, and supports. Make minor adjustments as needed.
5. Inspect and clean all vents and louvers. Change natural draft filters, as needed.
6. Inspect floor and floor drains. Clean as necessary.
7. Clean and vacuum area.
8. Check electrical areas and move any combustibles or other equipment that have been stored within 3 feet of electrical panels, transformers, and switchgear.

9. Prepare a corrective maintenance order for any repair work that will take more than 5 minutes to perform or for which the necessary tools or parts are not readily available.

Purpose:

To define the procedure for inspecting the grounds and performing corrective maintenance as needed.

Reference:

The Utah State Hospital maintenance manual.

General Information:

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

1. Visually inspect the area for unsafe or abnormal conditions or those that detract from the aesthetic appearance of the area such as cracks, unprotected pits or holes, burned-out lights, and other safety hazards. Such inspection should include walkways and lighting.

2. Make minor repairs as needed and report unsafe conditions that cannot be readily corrected or which are outside the scope of Facilities Management to the Director.

3. Check the area around the Emergency Department/Ambulance Area to be certain identifying and directional signs are in place and lighting is functional. Make sure that emergency parking is being used only for authorized vehicles. Report unauthorized parking by employees and others (Eg.., vendors) to security.

4. Check for obstructions to exits and fire lanes and report same to security or Director.

5. Make certain that safety barriers are in place in construction areas; make a report to the Director if they are not.

Rev: 5/88, 11/90, 9/92, 2/93, 9/95, 1/98, 12/98

Policy:

1. Temperature setting for buildings and/or areas of buildings where patients are housed will be set at 72* for daytime. Night set-back will be 70* in the winter and 75* in the summer.

2. For buildings and/or areas that are not patient housing, i.e..., offices, storage, schools, etc., temperature settings will be as follows:

Daytime/Summer	=	74*
Nighttime/Summer	=	78*
Daytime/Winter	=	72*
Nighttime/Winter	=	66*

Procedure:

1. Daytime hours and nighttime hours will be determined by Facilities Management as called for by seasonal changes. All changes of settings will be made by Facilities Management personnel. When an area needs to make a change in setting, a work order can be submitted requesting the change and the reason for it. The Support Services Director or his/her designee will determine the final setting, and adjustments will then be made.

General Information:

1. Facilities Management uses patient industrials for the purpose of providing the patients with new job skills, job training, and on-the-job evaluation.

2. Patients are selected using policies outlined in USHOPP, Vocational Rehabilitation Chapter.

3. Work assignments are designed to provide therapeutic benefit to the patients and help them develop good work habits attitudes, and self confidence. The program is designed to teach skills in dealing with peers and supervisors. Further, it teaches other related skills necessary to succeed in future employment in the community, when they leave the Hospital environment.

Policy:

1. In accordance with USH policies, procedures, and Protocol, Facilities management requires the following information from the patient's treatment unit prior to interviewing a patient for an industrial position:

    a. Whether the patient may carry specified hospital maintenance keys.
    b. Whether the patient has a valid Utah State Driver's license.
    c. Whether the patient has completed the Utah State defensive driver's program.
    d. Whether the patient has the treatment unit's permission to drive Hospital maintenance vehicles.
    e. Whether the patient may carry hand tools to and from a work project, including sharps tools.
    f. Whether the patient has the treatment unit's permission to walk to and from the unit without escort or other supervision.
    g. Whether the patient has permission to work with limited supervision.
    h. Whether the patient may work four, six, or eight hours per working day.

2. Facilities Management will provide each unit with application forms for rating patients for industrial positions, in conjunction with the Vocational Rehabilitation office. The information is used to rate each particular patient. There must be a favorable determination before a patient is interviewed for an industrial position.

3. All Facilities Management employees who would be working with the prospective patient industrial worker attend the patient's interview. When a patient industrial worker moves from one adult unit to another adult unit, Facilities maintenance staff must be notified.

4. Facilities Management reserves the right to hire or reject any applicant for an industrial position based on either the written information or the interview process or both. The treat units have the same prerogative.

Procedure:

1. Learning Experience is provided. Patient Industrials do the following:

    a. Report to work as scheduled, signing in for work on time, and being responsible for maintaining a work schedule as assigned.
    b. Associate with the real work environment when problems arise, participating in the problem-solving process, and communicating with fellow workers and supervisors.
    c. Learn how to safely operate equipment in the maintenance shops.
    d. Learn to be aware of hazards that might exist in the work area and to be safety minded.
    e. Learn proper maintenance skills.
    f. Learn skills in new construction procedures and specifically facilities maintenance.

2. Supervision.

    a. Facilities Management employees provide a one-to-one for patient industrials assigned to Facilities Management.
    b. The patient industrial worker may eventually be able to work alone for periods of time up to 30 minutes, when approved by the treatment unit's supervision.
    c. Patient industrial workers must be on the highest level of their particular unit.

3. Other Requirements:

    a. The patient industrial must be available between 0800 and 1600 hours, Monday through Friday.
    b. Patient Industrial must be cleared by the unit to work around and with industrial machinery.
    c. Patient Industrials must be able to work, unrestricted, on all units and other areas of the Hospital.
    d. Patient Industrials must not be on medication that could cause drowsiness or otherwise impair physical response.
    e. Prior skills are helpful but not necessary for required employment.
    f. The duties of the patient industrial worker will consist of facilities

maintenance and some construction within the parameters of the Hospital grounds.

Purpose:

To describe the process by which the fire warning and safety system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.2.3.1, 2.3.1.1, and 2.3.1.2
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (METASYS): A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Procedure:

1. A hospital security officer inspects all fire extinguishers at least quarterly in accordance with hospital policy. (Refer to Life Safety Manual.)

2. An outside contractor inspects quarterly and repairs, as necessary, the fire alarm and sprinkler system in accordance with hospital policy. (Refer to Life Safety manual.)

Purpose:

To describe the process by which the electrical distribution system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (MP-2)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Procedure:

1. A journeyman checks electrical receptacles in accordance with a scheduled work order produced for each environmental unit by the SMS, which indicates the established time frame and instruction set for maintenance of that environmental unit.

2. Work orders for other components of the electrical distribution system are produced on a predetermined and preprogrammed schedule by the SMS.

    a. Each work order is assigned by the Facilities secretary to a shop.

    b. The journeyman performs preventive maintenance (and corrective maintenance, if needed), inspects the system, and conducts testing as specified in the SMS instruction set printed on the work order.

    c. The journeyman prepares and submits to the Plant Services Department a corrective maintenance form for any repair work that will take more than 5 minutes to complete or for which tools or parts are not readily available.

    d. The journeyman completes the scheduled maintenance work order, indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed, and submits the work order to the Plant Services office for entry in the SMS.

3. The journeyman inspects the generator set (and batteries) weekly and tests it under actual load and operating temperature conditions for at least 30 minutes. The tests are documented an the supervisor reviews these test results weekly to be certain the generator set is performing in a reliable manner.

4. The journeyman tests the line isolation monitor alarm at least monthly.

Purpose:

To describe the process by which the vertical and horizontal transport system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (MP-2): A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Vertical horizontal transport system: Includes elevators, vertical lifts (dumbwaiters), and pneumatic tubes.

Procedure:

Elevators

1. A journey maintenance worker checks the condition and operation of the elevators, including audible communication devices and fireman recall in accordance with a predetermined and preprogrammed schedule produced by the SMS. Preventive and corrective maintenance is performed by a vendor under a full-service preventive maintenance contract.

2. Protective devices are checked and maintained by an outside vendor under contract.

Vertical lifts (dumbwaiters)

3. A journey maintenance worker checks the condition and operation of the dumbwaiters in accordance with a predetermined and preprogrammed schedule produced by the SMS. Preventive and corrective maintenance is performed by a vendor under a full-service contract.

Pneumatic tubes

4. Locking devices are checked and maintained by an outside vendor under contract.

5. A journey maintenance worker checks the condition and operation of the pneumatic tube system in accordance with a predetermined and preprogrammed schedule produced by the SMS.

Purpose:

To describe the process by which the heating, ventilation, and air conditioning systems, are maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

1. METASYS - A computerized information system that is used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

2. A current, complete set of documents that indicate the distribution and controls for partial or complete shutdown of each HVAC system is on file.

3. Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

Procedure:

1. A work order for preventive maintenance, inspection, and/or testing of each component part of the HVAC system is produced on a predetermined and preprogrammed schedule by the SMS.

2. The work is assigned by the supervisor to a journeyman.

3. The journeyman performs preventive maintenance (and corrective maintenance, if needed), inspects the system, and conducts testing as specified in the SMS instruction set printed on the work order.

4. The journeyman prepares and submits to the Facilities Department, a corrective maintenance form for any repair work that will take more than 5 minutes to complete or for which tools or parts are not readily available.

5. The journeyman completes the scheduled maintenance work order,

indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed, and submits the work order to the Plant Services office for entry in the SMS.

Purpose:

To describe the process by which the water distribution/plumbing system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

1. Scheduled maintenance system (MP-2)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

2. A current valve chart is on file.

Procedure:

1. A work order for preventive maintenance, inspection, and/or testing of each component of the water distribution/plumbing system is produced on a predetermined and preprogrammed schedule by the SMS.

2. The work is assigned by the supervisor to a journeyman.

3. The journeyman performs preventive maintenance (and corrective maintenance, if needed), inspects the system, and conducts testing as specified in the SMS instruction set printed on the work order.

4. The journeyman prepares and submits to the Facilities Department, a corrective maintenance form for any repair work that will take more than 5 minutes to complete or for which tools or parts are not readily available.

5. The journeyman completes the scheduled maintenance work order, indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed, and submits the work order to the Plant Services office for entry in the SMS.

6. Back-flow protection devices are checked, maintained, and controlled annually by a Certified Backlog Technician, in accordance with Section: 2005.1.

Purpose:

1. To protect the safe drinking water supply of the Utah State Hospital from the possibility of contamination or pollution by requiring compliance with State Plumbing Codes, Health Regulations, OSHA, and other applicable industry standards for water system safety within the hospital's distribution system. Compliance with these minimum safety codes will be considered reasonable vigilance for prevention of contaminants or pollutants which could Back-flow into the hospital's drinking water system.

2. To promote reasonable elimination or control of cross connections in the plumbing fixtures and all piping systems in the hospital as required by State and Local Plumbing Codes, Health Regulations, OSHA, and other applicable industry standards to assure water system safety.

3. To provide for the administration of a continuing program of Back-flow prevention which will systematically and effectively prevent the contamination or pollution of all drinking water systems within the hospital.

Responsibility:

1. The Utah State Hospital plumbing department and the Utilities supervisor shall be responsible for the protection of the drinking water distribution systems from foreseeable conditions leading to the possible contamination or pollution of the drinking water system due to the Back-flow of contaminants or pollutants into the drinking water supply.

2. Drinking water systems surveys/inspections of the hospital's water distribution systems shall be conducted or caused to be conducted by individuals deemed qualified by and representing the Utah State Hospital. Survey records shall indicate compliance with the previously mentioned health and safety standards. All such records will be maintained by the Utilities supervisor, Utah State Hospital and/or the Water System Operator/Purveyor.

3. The Utah State Hospital plumbing department and the Utilities supervisor shall enter into a preventive maintenance menu, on the computer, that all Back-flow prevention assemblies be tested yearly, by a **Certified Back-flow Technician**, to insure compliance with existing applicable minimum health and safety standards.

4. Certified Back-flow Assembly Technicians, Surveyors, or Repair Persons are qualified as such under the following conditions: when any plumber in the Plumbing Shop and/or Utilities supervisor holds a **Class II Certified Back-flow Technicians Certification,** they shall be deemed qualified for survey, testing and repair of all back-flow assemblies within the hospital, and they shall have the following responsibilities:

   a. Insuring acceptable testing equipment and procedures are used for testing, repairing, or overhauling back-flow prevention assemblies.

   b. Make reports of such testing and/or repair to the Utilities Department and the Bureau of Drinking Water Sanitation on forms approved for such use by the Bureau of Drinking Water Sanitation, and within the time frames prescribed by the Bureau of Drinking Water Sanitation.

   c. The report shall include the list of materials of replacement parts used, insuring replacement parts are equal in quality to parts originally supplied by the manufacturer of the assembly being repaired.

   d. The parties responsible for changing hardware will insure that there has been no change in design, material, or operational characteristics of the assembly during testing, repair, or maintenance.

   e. A **Certified Technician** shall perform all tests of the mechanical devices/assemblies, and be responsible for the competence and accuracy of all tests and repairs, insuring his license is current, the testing equipment being used is acceptable to the State and is in proper operating condition. They must further insure that they are equipped with, and competent to use all necessary tools, gauges, and other equipment necessary to properly test and maintain back-flow prevention assemblies.

   f. The **Certified Technician** conducting the test must tag each double check valve, pressure vacuum breaker, reduced pressure back-flow assembly, and high hazard air gap, showing the serial number, date tested and by whom. The **Certified Technician's** license number must also be on this tag.

Requirements:

1. The Utah State Hospital water system shall be protected against back-flow, back syphoning, and back pressure which would allow contaminants or pollutants to enter the system by means of approved devices/ assemblies only. The type of protective assembly required shall depend upon the degree of hazard which exists at the point of cross connection (whether direct or indirect) applicable to local and State requirements or resulting from the required survey.

2. All presently installed back-flow prevention assemblies which do not meet the requirements of this section, but were approved assemblies for the purpose described herein at the time of installation, and which have been properly maintained, shall, except for the inspection and maintenance requirements, be excluded from the requirements of these rules, so long as the hospital water system operator is assured that they will satisfactorily protect the hospital water system. Whenever the existing assembly is moved from the present location, or requires more than minimum maintenance of this assembly constitutes a hazard to health, the unit shall be replaced by an approved back-flow prevention assembly, meeting local and State requirements.

3. All newly installed back-flow prevention assemblies shall be tested within ten working days of initial installation.

4. No back-flow prevention assembly shall be installed so as to create a safety hazard. **Examples:** Installed over an electrical panel; steam pipes; boilers; pits or above ceiling level.

5. If violations of this policy exist, it shall be required that the Utilities supervisor and/or plumbing shop personnel correct these violations, with budgetary and manpower taken into consideration. If any high hazard conditions exist, or the potential thereof, the hazards shall be corrected as soon as possible.

Water Purveyor and/or Water System Operator: The person designated to be in charge of the drinking water system at Utah State Hospital, and is invested with the authority and responsibility for the implementation of an effective cross connection control program, and for the enforcement of the provisions of this policy.

Approved Back-Flow Assembly: The accepted assembly adopted by the Utah Department of Health, Bureau of Drinking Water/Sanitation as meeting applicable specifications, or as suitable for the proposed usage.

Back-Flow: The reversal of the normal flow of water caused by either back pressure of back syphoning.

Back Pressure: The flow of water of other liquids, mixtures or substances under pressure into the feeding distribution pipes of a potable water supply system from any source(s) other than the intended source.

Back Syphoning: The flow of water or other liquids, mixtures or substances into the distribution pipes of a potable water supply system from any source(s) other than the intended source, caused by the reduction of pressure in the potable water supply system.

Back-Flow Prevention Assembly: An assembly or means designed to prevent back-Flow. Specifications for back-flow prevention assemblies are contained within the Utah Plumbing Code, Chapter 10 (Appendix J), and the Cross Connection Control Program for Utah.

Contamination; A degradation of the quality of the potable water supply by sewage, industrial fluids, waste liquids, compounds, or other materials.

Cross Connection: Any physical connection or arrangement of piping or fixtures which may allow non-potable water, industrial fluids, or materials of questionable quality to come in contact with potable water inside a distribution system. This would include any temporary connections, four-way plug valves, spools, dummy sections of pipe, swivel or change-over devices, sliding multi-port tubes, or other plumbing arrangements.

Cross Connection Controlled: A connection between a potable water system and a non- potable water system with an approved back-flow prevention assembly properly installed and maintained, so that it will continuously afford the protection commensurate with the degree of hazard.

Cross Connection Containment: The installation of an approved back-flow assembly at the water service connection to any building or area where it is physically and economically infeasible to fine, and permanently eliminate or control, all actual or potential cross connections with the building's water system. It shall mean the installation of an approved back-flow prevention assembly on the service line leading to and supplying a portion of a building water system, where there are actual or potential cross connections which cannot be effectively eliminated or controlled at the point of the cross connection.

Purpose:

To describe the process by which the boiler/steam system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (MP-2)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Procedure:

1. A work order for preventive maintenance, inspection, and/or testing of each component part of the boiler/steam system is produced on a predetermined and preprogrammed schedule by the SMS.
2. The work is assigned by the secretary to the shops.
3. The journeyman performs preventive maintenance (and corrective maintenance, if needed), inspects the system, and conducts testing as specified in the SMS instruction set printed on the work order.
4. The journeyman prepares and submits to the Facilities Department a corrective maintenance form for any repair work that will take more than 5 minutes to complete or for which tools or parts are not readily available.
5. The journeyman completes the scheduled maintenance work order, indicating specific preventive or corrective actions he has taken and noting the date the scheduled maintenance was completed, and submits the work order to the Plant Services office for entry in the SMS.
6. The journeyman checks the alternative fuel supply at least quarterly and replenishes it when there is 2,000 gallons of diesel fuel left in the tank. This assures a 24 hour supply of fuel for Boiler emergencies.

Purpose:

To describe the process by which the medical-gas system is maintained and inspected.

References:

Accreditation Manual for Hospitals, Standards PL.4.3 and 4.4.1
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (SMS)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Procedure:

1. Normal and reserve supplies.

    a. The journeyman welder checks the normal and reserve supplies of oxygen once each week, and documents the levels in the Heating Plant log. Oxygen is reordered when the quantity on hand reaches 6.

    b. The journeyman welder observes the delivery and transfer of oxygen. Invoices indicating volumes and purity delivered are kept on file in the Facilities Management Department.

Purpose:

To define the procedure for inspection, maintenance, and repair of equipment deemed essential for life support or which is inherently more hazardous or complex.

References:

Accreditation Manual for Hospitals, Standards PL.3.1, 3.2, 3.2.1, 4.1, 4.3, 4.4, 4.4.1, and 4.4.2
The Utah State Hospital maintenance manual.

General Information:

Scheduled Maintenance: Includes, as appropriate, inspection; preventive and corrective maintenance; functional testing, performance testing, and calibration; and safety testing.

Equipment: As used in this procedure, equipment shall mean those individually inventoried items of equipment that meet one or more of the following criteria:

1. Is essential, directly or indirectly, for life support.

2. Associated with a higher-than-normal incident risk during routine operation.

3. Requires, by reason of its complexity, a more intensive maintenance schedule.

4. Supplied or maintained by an external vendor.

Scheduled maintenance system (SMS)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.
Maintenance Data Table: A table listing all types of individually inventoried equipment and distinct environmental units or equipment groups, and including, for each, the appropriate maintenance instruction number and frequency of maintenance. This table includes non-patient care equipment that may pose an electrical hazard during intended use.

Applied History by Cost Center: A computerized record of all scheduled and corrective maintenance performed on all patient care and non-patient care equipment in the facility, arranged according to the cost center of use.

Procedure:

1. Each day, the Facilities secretary issues to the shops, as appropriate, the scheduled maintenance work orders produced by the SMS.

2. The assigned individuals perform the maintenance in accordance with the instructions included in the work order, documents the maintenance, including any significant observations, on the work order, and returns the work order to the Support Service office for input into the SMS (MP-2) .

3. If the scheduled maintenance cannot be performed for any reason (Eg.., parts not available or equipment not in the assigned area), such reason is documented on the work order, which is then filed under "jobs outstanding," to be compiled later as part of a 30 or 60 day report.

4. If the equipment must be removed from the user department, the assigned individual prepares an equipment tracking form, one copy of which is given or sent to the manager of the user department, unit, or service.

5. If the scheduled maintenance is to be performed by an external vendor, the supervisor or lead man contacts the vendor and instructs the vendor to pick up the equipment, perform the maintenance as detailed in the work order, document the maintenance and any associated work done on the work order, and return the equipment within 30 days.

6. If equipment is not repairable, the equipment tracking form, must go the Business Office and the equipment moved to the warehouse for distribution.

Purpose:

To outline the procedure by which new equipment is inventoried and inspected before release for patient care or other use.

References:

Accreditation Manual for Hospitals, Standards PL.3.1, 3.1.1, 3.2, 3.2.1 and 3.2.1.1
The Utah State Hospital maintenance manual.

General Information:

Scheduled maintenance system (SMS): A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Environmental Unit: A space of manageable size in terms of square footage or work intensity classified by the principal activity that takes place within it. See Attachment 1 for environmental unit classifications.

Equipment Identification Number (T-number)--A number assigned to a specific piece of equipment, equipment grouping, or environmental unit for the purposes of identification and maintenance scheduling in the SMS.

Policy:

1. Except as indicated in policy statement 2, all patient care equipment designated for use anywhere within the hospital shall be inspected and tested by the Plant Services Engineering Department before initial use.

2. New equipment that fails to pass the applicable electrical safety tests will not be approved for use in the hospital until such deficiencies have been corrected.

Procedure:

1. The receiving department (Materials Management) notifies the Facilities Department that new equipment has been received.

2. The journeyman electrician inspects the equipment.

3. Following his inspection, the journeyman determines whether the equipment should be assigned an individual (T-number) and maintenance schedule or should be considered part of its environmental unit and maintained as such. (See "Scheduled Equipment Maintenance" Policy 2008.)

4. When he assigns an individual (T-number), the journeyman also assigns to the equipment an instruction set and maintenance schedule (or prepares them if they do not already exist).

5. The journeyman then performs a series of electrical and mechanical tests on the equipment as outlined under Electrical Safety Test of the Maintenance Manual and, if the equipment has been assigned a (T-number), documents the inspection for entry into the SMS.

Purpose:

To outline the procedure by which damaged or malfunctioning equipment will be repaired.

Reference:

Accreditation Manual for Hospitals, Standards PL.3.3, 3.3.1, 3.3.1.1, 4.6, 4.6.1 and 4.6.1.1
The Utah State Hospital maintenance manual

General Information:

Scheduled maintenance system (SMS)--A computerized information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

Procedure:

1. In response to a corrective maintenance order submitted by a user department or a facilities employee, the department supervisor or lead man inspects damaged or malfunctioning equipment to determine what repairs or adjustments are needed, if any.

2. If the assigned individual determines that the work cannot be done in-house, he obtains approval from the Director of Support Services to have the work performed by an external vendor.

3. When the work has been completed by the assigned individual or the external vendor, the assigned individual documents the repairs made and the date the work was completed on the corrective maintenance order for entry in the SMS.

4. If the repair work is not done at or near the time of the equipment's scheduled preventive maintenance, the preventive maintenance schedule is updated accordingly.

5. If the repairs cannot be completed within 5 days, the assigned individual notifies the user department.

6. If the repair work is performed by an external vendor, the assigned individual inspects or tests the equipment upon its return to make certain the repairs have been made properly and that the equipment meets

appropriate electrical safety standards before returning it to the user department.

7. If the assigned individual or external vendor determines that the equipment cannot be repaired, the technician or lead man disposes of it in accordance with the hospital's policy and procedure for equipment transfer or disposal.

Purpose:

To outline the policy under which the Facilities Management Department will make pre- purchase equipment evaluations.

Policy:

1. The Facilities Management Department will make pre-purchase evaluations of equipment at the verbal or written request of a user department, Hospital administration, or a member of the professional staff.

2. Such pre-purchase evaluations shall be confined to:

   a. Construction quality

   b. Mechanical reliability

   c. Ease of maintenance

   d. Compatibility with existing systems

   e. Required agency approvals

   f. Other information concerning the equipment about which Facilities personnel may be expected to be knowledgeable.

3. Pre-purchase evaluations will not be made regarding the following types of equipment:

   a. Imaging equipment

   b. Clinical laboratory testing equipment

   c. Word processors

   d. Data processing equipment

   e. Typewriters

4. Evaluations will be given verbally unless a written evaluation is requested.

Purpose:

To describe the process by which requests for Facilities Management services will be processed and documented.

General Information:

1. Work Order (WO): Work Orders generated by a user department and transmitted to the department work order system.

2. Scheduled maintenance system (SMS)--An information system used to facilitate the scheduling, monitoring, and documentation of equipment and environmental maintenance.

3. Emergency Services--Those Facilities Management or engineering services needed to resolve problems or conditions that pose an immediate threat to patient or employee safety or that may significantly affect the ability of a department or area to carry out an essential function. Emergency service is normally obtained via a telephone call to the Facilities Management offices. (See "Hours of Service.")

Policy:

1. The priority with which service requests, received either by telephone or other means, will be handled, will be determined by the department supervisor or designee.

2. Emergency service requests, as defined above, will be assigned to a journeyman for immediate handling.

Procedure:

1. The facilities secretary checks in the SMS at least twice each shift for work orders (WO) that have been generated by user departments.

2. The supervisor or designee reviews the WOs received, determines the priority with which they must be handled and assigns them to a journeyman.

3. The journeyman to whom the request is assigned completes the work or notifies the supervisor or designee of any reason why it cannot be completed (i.e.., lack of parts, lack of familiarity with equipment, etc.)

promptly.

4. When the work has been completed, the assigned journeyman documents the total labor hours and materials used and signs the WOs.

5. The assigned journeyman returns the WO to the supervisor or designee who assigns cost for materials.

6. The supervisor or designee gives the completed WO to the Facilities secretary, who enters data regarding any job into the SMS.

7. All other WO information retained by the Facilities Department in the SMS for at least 360 days.

Purpose:

To outline the use of job descriptions in the Facilities Management Department.

Policy:

1. There will be a job description for each position in the Facilities Management Department in the Human Resources .
2. Two or more employees may have the same job title so the specific duties of any one position may vary depending on work assignments.
3. A criteria-based evaluation tool developed for each job description will be used to assess each employee's performance. (See "performance evaluation")

Note:

All duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for these positions are on file in the Hospital Human Resources office.

Rev: 9/95, 12/98

To plan, organize, direct, coordinate, and control the activities of the Facilities Management Department to provide services, repair, and maintenance necessary to ensure the safe and efficient operation of the hospital and clinic facilities. Also responsible for maintaining a comfortable physical environment for patients, employees, medical staff and the public, in accordance with policies, procedures, standards, and practices set by the Utah State Hospital, the State Department of Public Health, and other local community and governmental agencies.

Under the general administrative direction of the assistant hospital administrator, the director of Support Services is responsible for the direct supervision of ancillary personnel such as The Fleet Manager, Buildings and Grounds supervisor, Utilities supervisor, Food Service Director, Campus Safety, House Keeping, and support clerical staff. The director is responsible for the supervision of operation and maintenance of multiple buildings and structures.

1. Evaluates, develops, and implements departmental policies and procedures, goals and objectives, and standards of work performance for the maintenance and repair of hospital equipment; buildings and building systems including boilers and other equipment that provide air conditioning, heating, steam, hot water, electricity, sanitation, and medical gases.

2. Develops, implements, and directs a preventive and corrective maintenance program to ensure efficient and uninterrupted operation of the entire physical plant and all related operating equipment within the facility; plans and coordinates the repair or recommends the replacement of, or additions to, equipment or physical structures as needed.

3. Plans, develops, and participates in a continuing departmental training program and orientation programs in the repair and maintenance of all equipment, including medical equipment; evaluates the effectiveness of the programs and adjusts and modifies course content as necessary.

4. Provides for an inventory and storage of materials, parts, and equipment; provides for material issuance and requisitioning and maintains adequate supply levels.

5. Responsible for selection and coordination of all maintenance service contractors and for coordinating with central construction; insures that contractual provisions and medical center construction schedules are met and satisfy established standards of hospital policy and government regulations and codes; acts as liaison among hospital administrators, DFCM engineers and architects in conjunction with new construction projects.

6. Supervises and directs assigned staff to include interviewing and hiring new staff, evaluating work performance, counseling, disciplining, and terminating and participating in the adjustment of employee grievances.

7. Coordinates departmental activities and responsibilities with other medical center departments and medical administrative staff.

8. Develops annual operating budget to include personnel, equipment, materials, and supply needs; monitors budget after adoption; develops remodeling budgets in concert with and for the approval of administrators.

9. Prepares and presents various statistical and operating reports, audits biweekly time cards, and maintains staff personnel files and records.

Note:

These duties are representative of Support Services management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the Hospital Human Resources office.

Rev: 9/95, 12/98, 11/00

Under the direction of the Support Services Director, to plan, organize, direct, and control the activities of the hospital vehicles in accordance with policies, procedures, standards and practices set by the Utah State Hospital, and the Department of Human Services.

Under the general administrative direction of the director of Support Services, the Fleet manager oversees the purchasing and monitoring of USH Fleet.

1. Manages the USH vehicle fleet, including the purchasing/acquisition and maintenance budget of approximately 50 vehicles and 20 pieces of heavy equipment. Analyzes new vehicle requests, requests purchasing, and inspects new vehicle purchases for condition and required specification.

2. Implements and directs a preventive maintenance program to ensure efficient and uninterrupted operation of the entire facilities department for all related operating equipment. Maintains documentation of all maintenance, repairs, and testing as required by applicable codes and directives in the SMS (MP-2) work order computerized system.

3. Implements and directs a work repair program to provide scheduled and emergency corrective repairs to all installed and movable equipment within the facilities.

4. Develops and participates in a continuing departmental training and orientation program in the repair and maintenance of all equipment. Alerts personnel regarding safety and hazards to ensure safe procedures and equipment.

5. Maintains stock levels of materials and parts within budget limitations.

6. Maintains repair and replacement records and controls to maintain facilities within projected budget constraints. Provides input of costs and projected budget requirements.

7. Maintains records and controls for computerized maintenance inventory and spares parts systems and provides input for increased budget for spares requirements.

8. Maintains budget tracking and provides monthly, semi-annual and annual reports. Tracks purchase orders and provides maintenance summary reports. Provides short-range and long-range forecasting for major maintenance projects and total facilities budget.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the Hospital Human Resources office.

Under the direction of the Support Services Director, to plan, organize, direct, and control the activities of Facilities Management Department personnel to provide effective upkeep of equipment and facilities in accordance with policies, procedures, standards and practices set by the Utah State Hospital, the State Department of Public Health, and other local community and governmental agencies.

Under the general administrative direction of the director of Facilities Management, the Utilities Supervisor is responsible for the direct supervision of assigned personnel in the operation and maintenance of multiple buildings and structures.

1. Supervises departmental policies and procedures, standards of work performance for the maintenance and repair of hospital equipment, buildings and building systems including equipment that provide heat, cooling, steam, hot water, electricity, medical gases and sanitation. Obtains and keeps current required certificates, IE; State Water Operator and Back-Flow Prevention certificates. Is responsible for the horticultural condition of the surrounding hospital grounds.

2. Implements and directs a preventive maintenance program to ensure efficient and uninterrupted operation of the entire physical plant and all related operating equipment. Maintains documentation of all maintenance, repairs, and testing as required by applicable codes and directives.

3. Implements and directs a work repair program to provide scheduled and emergency corrective repairs to all installed and movable equipment within the facilities.

4. Develops and participates in a continuing departmental training and orientation program in the repair and maintenance of all equipment. Alerts personnel regarding safety and hazards to ensure safe procedures and equipment.

5. Maintains stock levels of materials and parts within budget limitations.

6. Maintains repair and replacement records and controls to maintain facilities within projected budget constraints. Provides input of costs and projected budget requirements.

7. Maintains records and controls for computerized maintenance inventory and spares parts systems and provides input for increased budget for spares requirements.

8. Maintains energy management programs to ensure compliance with corporate, state and federal requirements.

9. Supervises and directs assigned staff to include staffing, scheduling, interviewing and hiring, evaluating work performance, counseling, disciplining, and terminating. Participates in the adjustment of employee grievances.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the hospital Human Resources office.

Under the direction of the Support Services Director, to plan, organize, direct, and control the activities of Facilities Management Department personnel to provide effective upkeep of equipment and facilities in accordance with policies, procedures, standards and practices set by the Utah State Hospital, the State Department of Public Health, and other local community and governmental agencies.

Under the general administrative direction of the director of Facilities Management, the Building and Grounds Supervisor is responsible for the direct supervision of assigned personnel in the operation and maintenance of multiple buildings and structures.

1. Supervises departmental policies and procedures, standards of work performance for the maintenance and repair of hospital equipment, buildings and building systems including key control, furnishings, asbestos abatement, and other equipment that provide aesthetic value, and patient and staff transportation.

2. Implements and directs a preventive maintenance program to ensure efficient and uninterrupted operation of the entire physical plant and all related operating equipment. Maintains documentation of all maintenance, repairs, and testing as required by applicable codes and directives.

3. Implements and directs a work repair program to provide scheduled and emergency corrective repairs to all installed and movable equipment within the facilities.

4. Develops and participates in a continuing departmental training and orientation program in the repair and maintenance of all equipment. Alerts personnel regarding safety and hazards to ensure safe procedures and equipment.

5. Maintains stock levels of materials and parts within budget limitations.

6. Maintains repair and replacement records and controls to maintain facilities within projected budget constraints. Provides input of costs and projected budget requirements.

7. Maintains records and controls for computerized maintenance inventory and spares parts systems and provides input for increased budget for spares requirements.

8. Supervises and directs assigned staff to include staffing, scheduling, interviewing and hiring, evaluating work performance, counseling, disciplining, and terminating. Participates in the adjustment of employee grievances.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the hospital Human Resources office.

Rev: 9/95, 12/98

Under general supervision, directs the activity of assigned personnel and service contractors in the preventive and corrective maintenance of the buildings, grounds, and related fixed and portable equipment, minor construction, and equipment installation.

1. Provides supervision to assigned personnel.
2. Performs preventive maintenance on a variety of equipment according to established procedures; inspects, calibrates, adjusts, lubricates, and repairs or replaces components. Services or repairs the more complex equipment; schedules and maintains records of maintenance and repairs.
3. Diagnoses system malfunctions on a variety of mechanical and/or electrical equipment. Dismantles and repairs or replaces defective parts; reassembles, tests, and reinstalls repaired equipment.
4. Responds to calls for emergency repairs; completes repairs and documents services rendered.
5. Performs and documents scheduled inspections and safety tests necessary to maintain conformance to code requirements.
6. Performs and documents equipment repairs, and tests new and repaired equipment before it is put into service.
7. Trains staff in the operation and repair of equipment.
8. May order supplies and parts according to established procedures.
9. Maintains records in compliance with state/Joint Commission requirements.
10. May assist Purchasing in evaluating new equipment.
11. Establishes and maintains courteous, cooperative relations when interacting with other personnel, health plan members, and the public.
12. Performs other related duties as required.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the Hospital Human Resources office.

Rev: 9/95, 12/98

Under general supervision, performs a variety of routine-to-skilled general preventive maintenance duties in the repair, alteration, and modification of buildings, equipment, facilities, and grounds.

1. Inspects equipment and facilities for proper operation and working condition; maintains routine records and determines the type and extent of malfunction of equipment and if necessary adjusts, disassembles and repairs or replaces parts or components; then reassembles and tests equipment for proper operation. Reports the more serious problems to the immediate department supervisor for instructions or maintenance scheduling.

2. Performs a variety of general semi-skilled-to-skilled maintenance, alteration and repairs to machinery, equipment, or facilities as assigned or in accordance to basic skills and abilities, and standard procedures, diagrams, or manufacturers instructions, such as the following:

   a. **ELECTRICAL:** Routine maintenance, replacement or alteration of circuit wiring, switches, control equipment and mechanisms, motors, transformers, relays, generators, appliances, fixtures, alarms, communication equipment, etc.

   b. **MECHANICAL:** Routine maintenance of hospital vehicle equipment including farm and stationary equipment; may work on light gasoline or heavy duty diesel equipment of engines; may do minor body work; may do minor cutting, welding and braising work.

   c. **PLUMBING:** General maintenance: to maintain, repair, and make alterations to steam, gas, water, air, and sanitary plumbing pipes and fixtures. Bend, cut, ream, and thread pipe, wipe pipe joints, test joints and pipe systems for leaks. Repair and replace valves, repair leaks, and clear drain stoppages.

d. **WELDING:** General welding: welding, cutting, joining metals that do not require critical test tolerance or certification; may do layout and fabrication; may function as a Boiler Operator during authorized leave time.

e. **PAINTING:** General painting duties such as surface preparation, masking, mixing paint colors, and application; may do plaster work and/or taping and finish work on plaster board; may do finish work on cabinets, such as staining and finish; may do sign work.

f. **CARPENTRY:** General construction, maintenance and repairs of structural woodwork, concrete and masonry, furniture, fixtures, and equipment; may erect forms and partitions; may repair doors, locks and door closing equipment; may grind new keys as required; may build wooden articles from verbal and/or blueprint instruction; may pour, shape, and finish concrete; may replace or repair ceiling and floor tiles.

g. **GROUNDS:** Mows, rakes and rakes lawns; plants, transplants, waters, and trims flowers, shrubs and trees; controls weeds on grounds; applies fertilizers, herbicides, and pesticides; removes ice, snow, and debris from sidewalks, streets, and parking lots; performs minor repairs on grounds equipment; may do minor repair on sprinkler systems.

h. **BOILER OPERATION:** Operates and maintains high and low pressure steam gas fired boilers; general maintenance of boilers, pumps, and related equipment; keeps records, reports, and accounts of fuel consumption; can prepare purchase orders for parts and related chemicals for boiler operation; assists State Boiler Inspector during scheduled inspections.

3. Performs all repairs and alterations to conform to State and Federal code requirements IE; hazardous materials, poisonous gases, etc.

4. Performs a variety of routine manual duties as required, such as moving supplies, furniture, equipment, removing trash, scrap material, replacing light bulbs, etc.

5. Establishes and maintains courteous, cooperative relations when interacting with other personnel, health plan members, patients, and the public.

6. Performs other related duties as required.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the Hospital Human Resources office.

Rev: 9/95, 12/98

Under general supervision, receive trouble calls and prepare work orders, take dictation and type letters and memos. Maintain all necessary files for preventive maintenance programs to facilitate the operation of Facilities Management department throughout the Utah State Hospital.

1. Receives telephone calls and writes work orders to issue to journeymen. Takes dictation and types letters and memos as needed.
2. Maintains current inventory control records by posting quantity of items in stock and on order, quantity and location of parts, power equipment, tools, and supplies issued or used by the department. Initiates stock control cards and post such data as code, nomenclature, unit issued, balance in stock, cost, and other usage data when issuing or receiving stock items as required.
3. Writes purchase requisitions to replenish stock items that are at or below designated minimum quantity level as determined by stock control cards; forward requisition to supervision for approval.
4. Checks incoming shipments of requisitioned items by comparing invoices with corresponding purchase requisitions notifying supervision of discrepancies in quantity and description of damaged items. Packs items for return to vendor as needed; completes purchase requisitions for items not back-ordered as appropriate.
5. Compiles periodic statistical reports to illustrate past usage rates of stock items in inventory from data recorded on stock control cards and other departmental reference records. Recommends modifications of minimum inventory stock levels for storeroom area.
6. Maintains data entry records for maintenance system.
7. Establishes and maintains courteous, cooperative relations when interacting with other personnel, health plan members, and the public.
8. Performs other related duties as required.

Note:

These duties are representative of Facilities Management responsibilities only. Actual State of Utah DHRM approved class specifications for this position are on file in the Hospital Human Resources office.

Purpose:

To define the orientation process for new employees.

References:

Accreditation Manual for Hospitals, Standards PL.1.5 and 1.5.1

General Information:

All new hospital employees receive an orientation to the hospital. The orientation, which is conducted by the Human Resources Department within 15 days of the employee's starting date, addresses organizational structure, medical center and regional policies applying to all employees, benefits and services available to employees, safety, infection control, and the physical layout of the hospital.

Policy:

1. Each new employee will receive an orientation to the Facilities Management Department from the director of Facilities Management or designee before assuming his or her duties. This orientation will be documented and will be made part of the employee's file within the department.

2. In addition, each employee will receive an orientation to his work environment from the supervisor of that area before assuming duties. This orientation will also be documented and made part of the employee's file within the department.

Procedure:

1. The Facilities Management director or designee reviews the information in the new employee department orientation (Attachment A) with the new employee. When the employee indicates that he understands all the information presented by signing the orientation checklist, it is filed in his department personnel file.

2. The supervisor of the employee's work area reviews the information in the new employee work area orientation (Attachment B) with the new employee. When the employee indicates that he understands all the information presented by signing the orientation checklist, it is filed in his

department personnel file.

Attachment A: New Employee Department Orientation

Employee's name: _____

Orientation date: _____

_____ Probationary period
_____ Rate of pay
_____ Attendance, including:
- _____ Work hours and days
- _____ Break and meal periods
- _____ Sickness or tardiness call-in procedure
- _____ Vacation eligibility, requests
- _____ Time cards
- _____ Call-in procedure

_____ Pay practices, including:
- _____ sick leave
- _____ Holiday, including floating holiday
- _____ Vacation

_____ Notification of employee address or telephone change
_____ Safety awareness, accident prevention

_____ _____
Employee Director of Plant Services

Attachment B: New Employee Work Area Orientation:

Employee's name: _____

Orientation date: _____

_____ Department chain-of-command
_____ Duties and responsibilities of the position
_____ Standards of performance
_____ Criteria-based evaluation
_____ Department policies and procedures
_____ Emergency preparedness plan
_____ Fire plan
_____ Department layout, including:
    _____ Location of restrooms
    _____ Location of fire extinguishers and alarms
    _____ Location of exits to the outside
    _____ Location of hazardous material lists and
    _____ Material Safety Data Sheets

_____ _____
Employee signature Supervisor signature

Purpose:

To outline the in-service education program of the Facilities Management Department.

Reference:

Accreditation Manual for Hospitals, Standards PL.1.5, 1.5.1, 1.6.2, 1.7.6, 2.3.2.2, 3.2.1.2, and 4.4.3

General Information:

1. In-Service Education--Instruction provided in the workplace and on work time, in response to identified needs, which enables the individual to perform his duties more effectively or efficiently, reinforces previously acquired skills or knowledge relevant to his profession or occupation, and/or provides the individual with new information relative to the preservation of his own health and safety and that of others in his work environment.

Policy:

1. All new employees will receive in-service education prior to assuming their job duties.

   a. Such in-service training shall include, as appropriate to each employee's assigned duties:

   * The handling of hazardous materials used in the department.

   * Maintenance and operation of the:

     electrical distribution system

     emergency generator set

     elevators, lifts and pneumatic tube system

     HVAC system

     plumbing and water distribution systems

     boiler systems

* Maintenance and operation of the:
    - medical-gas system
    - medical/surgical vacuum system

* Job safety techniques such as:

    - Lock-out procedure

    - Handling of medical-gas cylinders

2. Additional in-service education will be given to all employees when appropriate, as determined by the director of Facilities Management or department supervisor:

    * As a result of their review of personnel evaluations, equipment maintenance histories, and work-related accidents or injuries.

    * To acquaint personnel to the handling, operation, and maintenance of new equipment.

    * To inform personnel about new or modified government regulations that relate directly to them or to their job duties.

3. In-service education will be documented.

Purpose:

To define the procedure by which eligible employees may receive continuing education.

General Information:

1. Continuing Education--Instruction provided either within the organization or from external sources, which enables the individual to build upon previously acquired skills, develop new skills to enhance growth, and/or acquire current knowledge in his or her profession or occupation.

Policy:

1. Journeymen and other staff members will be encouraged to take advantage of relevant continuing education.
2. The department will make available to the employees information received from the employee union and the local trade schools concerning educational programs.
3. Supervisors will provide guidance to employees, as requested, concerning the selection of programs that will help employees achieve their performance or advancement goals.
4. An effort will be made to adjust staffing schedules to accommodate the needs of employees participating in continuing education programs.

Purpose:

To define the responsibility and procedure for staff allocation.

Policy:

1. Staffing needs and allocation will be determined by the director of Facilities Management.

2. Staffing assignments will be made by the director of Facilities Management and will be posted in accordance with the provisions of DHRM.

3. Permanent changes in the staffing schedule will be made at the discretion of the director of Facilities Management and requests for such changes will be based on:

   a. The service needs of the department and the facility

   b. Seniority of the requestor

   c. Qualifications of the requestor as assessed in his most recent performance evaluation.

4. Temporary changes in the staffing schedule will be made by the director of Facilities Management in response to:

   a. Urgent and unexpected service demands

   b. Scheduled leaves of absence or vacation, which may disrupt the department's ability to deliver service

   c. Unscheduled leaves of absence or disability and unexpected terminations

5. Staff will be scheduled in a manner that will ensure that the department is able to provide some level of service 24 hours a day, 7 days a week, including holidays.

Purpose:

To outline the procedure for distribution, completion, verification, and submission of time sheets.

Reference:

Utah State Hospital policy and procedure manual.

General Information:

1. The work week begins with the shift beginning closest to midnight Friday and ends with the shift ending seven days later. The pay period is biweekly and includes two work weeks.

2. Time sheet control in this facility is a function of the Human Resource Department.

3. The Facilities Management secretary receives time sheets biweekly from hospital payroll and distributes them to the appropriate supervisors in each department.

4. Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

Policy:

Note: Not in force as of 11/13/00

1. Employees are responsible for clocking in and out on their time card and signing the time card in ink at the end of the pay period.

2. An employee who clocks another employee in or out, or permits another employee to clock in or out on his behalf, will be subject to disciplinary action.

3. The director of Facilities Management or designee is responsible for:

   a. Reviewing time cards to ensure that hours worked and to be paid are consistent with scheduled work hours and are in compliance with existing federal and state regulations, and Utah State Hospital policy.

   b. Checking to be sure that the employee has signed the time card or, if

the employee is on sick leave or other leave, for signing the card in his stead.

c. All full-time employees are recorded in MP-2 a management information system.

Rev: 9/95, 12/98

Purpose:

To define the policy and procedure of the Facilities Management Department with regard to absenteeism.

Reference:

Utah State Hospital policy and procedure manual.

Policy:

1. Any employee who fails to report to work as scheduled and fails to report the intended absence may be subject to a final warning and three-day suspension for the first such offense. Two such occurrences may result in termination of employment.

2. An employee who is ill or must be absent from work for personal reasons must contact his supervisor before the beginning of his scheduled shift in accordance with the call-in procedure.

3. Providing advance notification of absence does not automatically excuse the absence if sick leave has not been accrued or a request for time off has not been approved.

4. Providing advance notification of absence does not release an employee from the obligation of obtaining a physician's certification if such is requested.

5. If an employee reports to work late without prior notification and his supervisor has already contacted a replacement, the employee may be sent home and docked for the day.

6. Excessive absenteeism or tardiness, as outlined in the hospital attendance program, will be cause for disciplinary action.

An employee who will be absent from his shift or who will report to work late must notify one of the following individuals (listed in order of preference) at least before the beginning of his shift:

* Employee's supervisor*
* Director of Support Services*

* May be contacted via the page operator at home or by beeper if necessary.

Rev: 9/95, 12/98, 12/00

Purpose:

To establish a standard for attire and grooming in the Facilities Management Department.

Policy:

Employees of the Utah State Hospital Support Services maintain a standard of dress to insure positive role models for patients, to present a positive appearance to the public, and to reduce the possibility of accident or transmission of infection. The Utah State Hospital complies with the Department of Human Services Dress Standard Guidelines.

Procedure:

Clothing

1. Coveralls, issued by the department, shall be worn by all department personnel involved, and shall be kept clean and in good repair by the employee.

2. The choice of personal clothing must always reflect consideration of the work environment, safety, practicality, and good taste. Specifically prohibited are floor-length skirts, shorts or cutoffs, tee shirts with derogatory or vulgar messages, spandex pants, halter or tank tops, and see through or low cut tops.

3. Personal clothing shall be kept clean and in good repair at all times, and employees will maintain reasonable personal hygiene standards.

4. Military attire is not allowed unless the employee is on active military duty.

Shoes

4. Journeymen shall wear heavy-soled, fully-enclosed shoes or boots of leather or other durable, protective material.

5. Other personnel shall wear shoes appropriate to their work setting, which demonstrate consideration of health and safety requirements. Specifically prohibited are backless shoes, sandals, or thongs.

Jewelry

6. Jewelry that presents a safety hazard to the wearer or interferes with work activity in any way shall not be worn.

Personal Grooming

7. Hair must be kept neat and clean. Long hair that presents a safety hazard to the wearer or interferes with work activity must be contained by a hairnet or other acceptable covering. Beards, moustaches, and sideburns must be kept neatly trimmed.

8. Employees who violate these standards will be subject to corrective/disciplinary action in accordance with Utah State Hospital Policies and Procedures.

Purpose:

To define the policy for the conduct of performance evaluations.

Reference:

Accreditation Manual for Hospitals, MA.1.5.5
Utah State Hospital policies and procedures manual.

Policy:

1. Each employee will receive an evaluation of his or her performance:
   a. At least once prior to the completion of this probationary period.
   b. At the conclusion of a trial period following transfer to a new position, as stipulated in the applicable DHRM policies and procedures.
   c. At least annually.
2. The employee will be evaluated against preestablished criteria that are directly related to job duties.
3. The performance evaluation will be discussed with the employee and documented in writing.
4. As part of the evaluation, action plans for areas in which the employee does not meet the performance standards, if applicable, will be documented in writing.
5. Plans and opportunities for further development, if appropriate, will be mutually identified by the supervisor and employee, and documented in writing.

Purpose:

To define responsibilities and procedures for the storage, distribution, and inventory of tools used in the Facilities Management Department.

General Information:

1. Maintenance journeymen are expected to carry the tools with them in a tool pouch or box throughout the work day applicable to their respective trades.
2. All of the above are stored in the employee's assigned locked area when the employee is not on duty.

Policy:

1. All Maintenance Department tools must be returned to the appropriate shop at the end of the work day or upon completion of the work for which the tool was used, whichever occurs first.
2. No tools belonging to the Maintenance Department may be removed from the hospital grounds for personal use.
3. Personal tools will be kept on the person of the employee who owns them and the department will not be responsible for their loss.
4. Tools will be issued by and returned to the shop by the supervisor or designee..
5. It will be the responsibility of the journeyman who checks out a tool to clean that tool before he returns it to the shop or, if time is not available at the end of the shift, to check the tool out again and clean it at the beginning of the next workday.
6. If a tool belonging to the department breaks or becomes unusable while in use, the employee to whom it was checked out must bring this to the attention of the supervisor or designee, when returning the tool to the shop.
7. A small supply of basic tools will be kept in for the exclusive use of evening, night, and weekend journeymen. These tools will not be used by journeymen on other shifts without the approval of a supervisor.
8. Violations of this policy may result in disciplinary action.

Procedure:

1. The journeyman who wishes to check out a tool completes a tool requisition.

2. The supervisor or designee records the name of the journeyman and each tool he is checking out on the checkout tool sheet and files the requisition.

3. When the journeyman returns the tool, the supervisor or designee documents the return on the checkout tool sheet.

4. If the journeyman returning the tool indicates that he wishes to check the tool out the next workday to clean it, it is stored apart from the other tools in the shop so it will not be checked out to someone else until it has been cleaned.

5. The supervisor or designee checks the condition of all returned tools and reports the return of broken or dirty tools on the requisition form.

6. The supervisor or designee checks the checkout tool sheet and the inventory at the end of the workday to be certain all tools have been returned. He reports any tools not returned on the requisition form.

7. Then all tools checked out have been returned or accounted for, the log is filed.

Purpose:

To define the steps that should be taken in the event of a loss of electrical power.

Reference:

Accreditation Manual for Hospitals, Standards PL.4.2.1, 4.4, and 4.5.

General Information:

A. The possible reasons for loss of electrical power.

1. Disruption in all or part of internal electrical distribution system.
2. Disruption of external power (utility company equipment).

B. Warning or indicators of loss of power and failure of emergency power.

1. Total loss of power and light in all areas.

C. Warning signs or indicators of loss of external power only.

1. Loss of most lighting and power in all areas.

D. Back-up mechanisms and reserves for loss of external power.

1. Emergency power generators (automatic).
   a. Supply power to designated areas
   b. Begin operating within 10 seconds of power failure
2. Diesel or other related alternative fuels.
3. Portable battery packs.
4. Uninterrupted power source (battery).

E. Areas that may be affected by loss of electrical power (not on emergency power).

1. Most offices in non-patient care areas.
2. Aesthetic or decorative exterior lighting.
3. X-Ray.

F. Areas that may be affected by loss of electrical power and failure of emergency generators.

1. Alarm systems.
2. Corridor lighting.

3. Egress illumination.

4. Elevators.

5. Emergency communication systems.
   a. Telephone
   b. Nurse call
   c. Intercom

6. Exit sign illumination.

7. Medical vacuum systems.

8. Special care units.

9. Medical O2 systems.

G. The one-line electrical power blue print of the electrical distribution system is located in the Support Service office blue print room.

Procedure:

Loss of electrical power and failure of emergency generators

A. Call for assistance and notify key personnel.

1. Call the USH mechanical shop (4-4704) and request service immediately.

2. Notify the Director of Support Services (4-4741) and the Utilities Supervisor (4-4743), and /or their designees.

3. Notify the administrator-on-call and follow the "emergency disaster plan" of the hospital.

B. Determine the reason for the failure of the generator.

1. Failure of the generator engine.

2. Transfer switch or control panel malfunction.

3. Contaminated stand-by fuel (diesel).

C. Attempt to manually start the generator according to the manufacturer's instructions.

1. If the generator does not start, check the starter system (batteries or compressed air, which ever is appropriate).

2. If the starter system is functional, check to see if there is adequate

fuel in the day tank. If there is not, refuel the day tank from the main supply or, if necessary, contact the fuel distributor for emergency delivery of additional fuel.

3. If the starter system is not functional or additional fuel must be obtained from the supplier, call the utility company to determine the estimated time of power outage. Then notify the proper authorities in charge of the emergency situation as to when external or emergency power will be restored, whichever will occur first.

D. If the generator can be started, check to see if the transfer switch has been tripped.

1. If the transfer switch has not been tripped, check the control panel for fault indicators.

2. If there are no fault indicators, attempt to throw the transfer switch manually.

3. If the transfer switch cannot be thrown manually or a fault is indicated on the control panel, notify the Utilities department of USH Support Services, and have the appropriate personnel respond immediately. DO NOT ATTEMPT TO THROW THE TRANSFER SWITCH MANUALLY IF THERE IS A FAULT LIGHT INDICATOR ON THE CONTROL PANEL. Call the utility company to determine the estimated time of power outage and notify the Emergency Command Center (if the center has been set up) when the external power or emergency power will be restored.

4. If the transfer switch can be thrown, notify the Emergency Command Center (if the center has been set up) that the hospital is now on emergency power and that power usage must be reduced accordingly.

E. If there is no malfunction of the generator or the transfer switch, but emergency power is not restored, check the fuel for contamination.

1. If the fuel is contaminated, call the USH Supervisor of Utilities, (4-4743) or his designee and, if so directed, call the utility company for a portable generator, cables, and connection lugs.

2. Notify the USH Emergency Command Center (if the center has been set up) when the approximate time for restoration of power will be accomplished.

Procedure:

Loss of electrical power

A. Determine whether loss of power is due to internal or external disruption.

1. Check the main electrical distribution panel.

2. call the utility company (PACIFIC CORP. UP&L). (801)756-1217 or 220-6995.

B. If the power loss is due to disruption in the external power source, try to find out how long the outage will last. Notify the Supervisor of Utilities (4-4743). If the power outage will exceed any prolonged length, notify all appropriate administrative personnel immediately.

C. If the power system loss is due to disruption in the internal electrical distribution system, try to identify the problem.

1. If the emergency generator (s) are found to be on-line, identify the distribution panel serving the affected area.

2. From the distribution panel, trace and correct the problem.

3. If the problem cannot be resolved immediately, notify the Director of Support Services, the Utilities supervisor, and other appropriate administrative personnel. Request outside assistance if necessary. (Refer to the emergency telephone list).

D. When the power has been restored, restart/reset equipment in the sub station, heating plant, mechanical rooms, etc. and all other parts of the hospital that have been affected.

1. Notify all appropriate administrative staff when the hospital is back in full electrical service.

Purpose:

To define the steps that should be taken in the event of an elevator failure.

Reference:

Accreditation Manual for Hospitals, Standards PL.4.4

General Information:

A. The possible reasons for an elevator failure.
   1. Power failure.
   2. Failure of relay switches to reset.
   3. Failure of hall door to close properly and tightly.
   4. Automatic shut-off by seismic safety control mechanism.

B. Warning signs or indicators of failure
   1. Audible alarm.
   2. Call from elevator to switchboard.
   3. Sounds of passengers yelling or banging on interior doors.
   4. Elevator not responding to call buttons.

C. Back-up mechanisms or reserves.
   1. Stairways.

D. Areas that may be affected.
   1. All multi-storied buildings served. (Hyde Bldg..; M.S. Bldg..)

Procedure:

A. If no alarms or signals have been received from the disabled elevator, try to determine if passengers are on board by calling the elevator from the switchboard; or yelling at the approximate level the elevator has stopped.

B. If patients are on board, determine if they must be evacuated urgently by communicating with the escort personnel. If there is any question as to the urgency with which the patient or staff must be evacuated, page the medical personnel on duty, that an immediate decision may be made. If the patient or other staff must be evacuated immediately, do so using the reference entitled "Emergency Evacuation", that is written within this protocol.

C. If patients or passengers on board do not need to be evacuated urgently, assure them that help is on the way.

D. Instruct passenger on board, if any, to press reset or other buttons inside the car that may correct the problem.

E. If this is not effective, disconnect the main power line in the elevator mechanical room for a few minutes and then reconnect it. This may cause the relay switches to reset, if that is the cause of the failure.

F. If the elevator does not function, call the elevator service company and request an immediate response, based on the information you have of the situation.

G. Disconnect the power to the elevator again. Determine the elevator's position. Try to open the hall doors at that level. If they can be opened, shut them again tightly and turn the power on again.

H. If this is not effective, determine if the elevator is at, or within, one foot of the floor level. If the elevator is at or near floor level, instruct the passenger (s) to try to push the inner doors open. To avoid jamming the latch pin, do not put any pressure on the outer hall doors until the inner doors have been opened at least one inch.

I. If the elevator doors still cannot be opened, inform the passengers that they cannot be safely evacuated until the elevator service personnel arrives with the necessary equipment.

"EMERGENCY EVACUATION"

A. When the medical personnel on duty have determined that a patient on the elevator must be evacuated immediately, call the elevator service and request a maintenance service person. Stress the urgency of the situation. Call the local fire department and notify it that an emergency elevator evacuation is needed.

B. While waiting for help to arrive, attempt to correct the problem or evacuate staff and patients by following procedures D, E, G, and H as written previously.

C. If the problem cannot be corrected and the elevator is not at or near floor level, instruct the staff/patient inside to pull or push the STOP button, turning off the power. Ask the person to try and push open the inner doors. Once the inner doors have been opened, tell the staff member to look for the two rubber rollers about one-third to one-half the way from the top of the outer door. Ask them to move the top roller sideways toward the door opening to release the latch pin and unlock the outer doors.

D. If this succeeds in opening the outer doors, instruct the passenger (s) to

stand back from the doors, and when they have done so, disconnect the main power line in the elevator mechanical room. When the power has been disconnected, evacuate the patient under the direction of the person in charge.

E. If the outer cannot be opened or the rubber rollers are out of reach, instruct the staff/patients to move back away from the doors until and emergency rescue can be effected by those people with the expertise to do so.

Purpose:

To define the steps to be taken in the event of a failure of the vertical lifts.

Reference:

Accreditation Manual for Hospitals, Standard PL.4.4

General Information:

A. Areas that may be affected.
   1. Nursing units.
   2. Central supply.
   3. Food Service.
   4. Facilities Management.
   5. Laundry & Housekeeping.

B. Possible reasons for failure.
   1. Jammed carts.
   2. Electromechanical malfunction.

C. Warning signs or indicators of failure.
   1. Buzzer alarm.
   2. Carts do not function.
   3. Mechanical systems will not operate.
   4. No button response.

D. Back-up mechanisms or systems.
   1. Elevators.
   2. Stairways.
   3. Runners.

Procedure:

A. Request assistance from Facilities maintenance personnel.

B. Request assistance from outside service vendor.

C. Notify affected departments regarding the time frame of USH maintenance personnel/ and the outside vendor response time.

D. Notify the affected departments when the service has been restored.

Purpose:

To define the steps that should be taken in the event of failure of all or part of the HVAC system.

Reference:

Accreditation Manual for Hospitals, Standard PL.4.4

General Information:

A. Possible reasons for failure of the HVAC system.
   1. Boiler or chiller malfunction.
   2. Other equipment malfunction.
   3. Failure in electrical system.

B. Warning signs or indicators of failure.
   1. Audible alarm.
   2. Call from one or more affected areas.
   3. Call received through the METASYS system (computerized energy management system.

C. Automatic back-up systems or reserves.
   1. Metasys: Energy Management System.

D. Areas that may be affected.
   1. All areas.

Procedure:

Heating:

A. Check to be certain boiler is operating properly.
   1. Check operation of fuel supply valves.
   2. Check boiler control panel to be certain there are no malfunctions.
   3. Check boiler water level.

B. If the boiler is operating properly, check temperatures in the heat exchangers. If the temperatures are not correct, check the temperature controls and correct as necessary.

C. Check operation of hot water circulating pumps.

D. If the problem stems from a boiler failure, refer to Section: 5004 "Failure of Boiler/Steam Equipment".

E. If the problem stems from failure of hot water circulating pumps or heat exchangers, make repairs as necessary. If the problem cannot be identified or resolved, contact the Director of Support services or designees for further instructions.

F. If the problem occurs after normal working hours and /or on weekends notify the Hospital Supervising RN...

Ventilation:

A. Check to be certain the supply and exhaust fans are functioning properly.
   1. Check for electrical failure.
   2. Check for mechanical failure.

B. Check filtration system for obstructions.

C. Check to be sure fire dampers are not closed.

Air Conditioning:

A. Check to be certain chillers are operating properly.
   1. Check for electrical problem.
   2. Check controls.
   3. Check for mechanical failure.
   4. Check water flow in cooling tower.
   5. Check for air restriction in cooling tower.
   6. Check operation of condenser water pump.
   7. Check operation of chill water circulating pumps.

B. If all components of chillers are functioning properly, refer back to "Procedure" "ventilation".

C. If the problem cannot be identified or resolved, contact the Director of Support Services or designee for further instructions.

D. If after normal working hours or on weekends notify the Hospital Supervising RN..

Purpose:

To define the steps to be taken in the event of a boiler failure.

Reference:

Accreditation Manual for Hospitals, Standard PL.4.4

General Information:

A. Possible reasons for a boiler failure.
   1. Equipment failure.
   2. Disruption of supply lines (fuel, water).

B. Warning signs or indicators of failure.
   1. Audible alarms.
   2. Pressure gauge readings.

C. Automatic back-up mechanisms or reserves.
   1. Alternate fuel supply

D. Areas which may be affected.
   1. All areas of the Hospital.

Procedure:

A. Check operation of fuel supply valves.

B. Check boiler control panel.

C. Check boiler water level.

D. If boiler is functioning properly but steam is not being supplied to the end user, check steam-line distribution system or valve closure for restriction and end user's equipment.

E. Make repairs as necessary. If problem cannot be identified or resolved, contact the Director of Support Services or designee for further instructions.

F. If after normal working hours or on weekends, notify the Hospital Supervising RN..

Purpose:

To define the steps that should be taken in the event of a failure of the water distribution system, or any part thereof.

Reference:

Accreditation Manual of Hospitals, Standard PL.4.4

General Information:

A. Areas that may be affected.
   1. All areas

B. Possible reasons for failure.
   1. Breakage or disruption of the main water line into the Hospital.
   2. Breakage or disruption of the water line inside the Hospital.
   3. Contamination of the outside water supply.

C. Warning signs or indicators of failure.
   1. Decreased flow of water at the delivery points.
   2. Change of water odor, taste, color, and/or texture.

D. Automatic back-up mechanisms or reserve.
   1. Contractual supply from outside vendor (Provo City).

Procedure:

A. Breakage or disruption of main water line into Hospital.
   1. Begin distribution of main reserve water supply (Hospital field well).
   2. Begin distribution of secondary reserve water supply (Provo City).
   3. Notify Director of Support Services or designee that the reserve water supply is in use and that water rationing may or may not have to be effected.

B. Breakage or disruption of inside water pipes.
   1. Locate and isolate the point of breakage or disruption.
   2. Notify all affected areas of the problem.
   3. Make necessary repairs or request outside assistance.

C. Contamination of outside water supply.
   1. Shut down the main domestic entry water valve.
   2. Instruct the facilities office secretary to notify Hospital wide, all staff and visitors via the public address system not to drink the water or flush the toilets.
   3. Direct the Utilities Supervisor to notify the Department of Health

immediately.

4. Request delivery of additional potable water in accordance with the outside vendor's agreement (Provo City).

Purpose:

To define the steps that should be taken in the event of a failure of the plumbing system, or any part thereof.

Reference:

Accreditation Manual of Hospitals, Standard PL.4.4

General Information:

A. Areas that may be affected.
   1. All areas

B. Possible reasons for failure.
   1. Blockage of main sewer lines.
   2. Blockage of internal waste lines and mains.
   3. Failure of sewage ejectors or sump pumps.

C. Warning signs or indicators of failure.
   1. Overflowing toilets
   2. Slow drainage or water back-up in sinks and over flow floor drains.

D. Automatic back-up mechanisms or reserves.
   1. None

Procedure:

Failure of external sewer main (off property).

A. Notify all areas of the Hospital through the intercom paging system via the facilities secretary that the sewer system is plugged.

B. Notify the director of Support Services, and all appropriate agencies, including the Department of Health, of the emergency situation.

C. Direct the Utilities department (plumbers) to lock up all non-functional toilets, as necessary, throughout the Hospital.

D. Direct the Utilities department to obtain portable camp toilets from the warehouse and distribute them on patient units, and other stratigic areas of the Hospital as needed.

E. On weekends, holidays, or after regular working hours, the SSRN and a Secirity Officer go together to access the warehouse and obtain the portable toilets. Utility staff should be called out to the Hospital A.S.A.P.

Rules for using portable toilets are as follows:

a. Sprinkle a pinch of enzyme granules (which are stored in the toilets) in the bottom of each portable toilet bucket, prior to use.

b. If enzyme granules are not available, place 4-5 ounces of KIM-KO Live Micro-organims (stored in the portable toilets and elseware in the warehouse) and 1 cup of water in the bottom of the protable toilet bucket, prior to use.

F. Facilities personnel, dressed in proper attire, (mask, rubber gloves, rubber aprons, rubber boots) empty the contents of the poratble camp toilet buckets at the RV dump station, located at the KOA campground, located at 320 North, 2050 West, Provo.

G. If it appears that there will be a lack of toilet facilities for an extended period of time, Executive staff, or their agent, direct the Purchasing department to make arrangements to have portable toilets brought into the Hospital by an outside vendor.

H. If sewer line failure results in floodng, remove water with wet vacs. obtained from the Utilities Department. Begin with critical care areas that are affected.

Failure of internal plumbing lines. (on property)

A. Notify all areas of the Hospital; through an announcement over the public address system, or if only isolated parts of the Hospital are affected, notify them by phone.

B. Notify the Director of Support Services, and all appropriate agencies of the emergency situation.

C. Locate the point of blockage and correct the problem. Request outside assistance, only if necessary.

D. Direct the Utilities department (plumbers) to lock up all non-functional toilets, as necessary, throughout the Hospital.

E. Direct the Utilities department to obtain portable camp toilets from the warehouse and distribute them on patient units, and other stratigic areas of the Hospital as needed.

F. On weekends, holidays, or after regular working hours, the SSRN and a

Secirity Officer go together to access the warehouse and obtain the portable toilets. Utility staff should be called out to the Hospital A.S.A.P.

Rules for using portable toilets are as follows:

a. Sprinkle a pinch of enzyme granules (which are stored in the toilets) in the bottom of each portable toilet bucket, prior to use.

b. If enzyme granules are not available, place 4-5 ounces of KIM-KO Live Micro-organims (stored in the portable toilets and elseware in the warehouse) and 1 cup of water in the bottom of the protable toilet bucket, prior to use.

G. Facilities personnel, dressed in proper attire, (mask, rubber gloves, rubber aprons, rubber boots) empty the contents of the poratble camp toilet buckets at the RV dump station, located at the KOA campground, located at 320 North, 2050 West, Provo.

H. If it appears that there will be a lack of toilet facilities for an extended period of time, Executive staff, or their agent, direct the Purchasing department to make arrangements to have portable toilets brought into the Hospital by an outside vendor.

I. If sewer line failure results in floodng, remove water with wet vacs. obtained from the Utilities Department . Begin with critical care areas that are affected.

Purpose:

To define the steps that should be taken in the event of a failure of the oxygen system.

Reference:

Accreditation Manual for Hospitals, Standard PL.4.4

General Information:

A. Possible reasons for an oxygen system failure.
   1. Equipment malfunction.
   2. Depletion of gas.
   3. Rupture of gas lines.
   4. Shut-off of a zone valve.
   5. Shut-off of main cascade system tank valve.

B. Warning signs or indicators of failure.
   1. Audible alarm.
   2. Drop in pressure.
   3. Call from nursing unit or other patient care area.

C. Back-up mechanisms and/or reserves.
   1. Reserve bulk gas supply (controlled by cascade tank valve).
   2. Reserve gas cylinders available from Facilities department.

D. Areas that may be affected.
   1. Inpatient nursing units
   2. Geriatric patient units
   3. Medical procedure rooms.

Procedure: Each Unit Supervising R.N.

A. Each Unit Supervising R.N. is responsible to Identify the cause of the failure. Use caution: the risks of combustion are much greater in an environment of pure oxygen. NO SMOKING: Turn off all appropriate supply line oxygen valves associated with their unit. Avoid skin contact with liquid oxygen because of its extremely low temperature.

B. Check to ensure that the reserve supply is on-line/off-line, depending on each particular circumstance.

C. If both the oxygen supply and reserves have been disabled, and the problem cannot be corrected immediately, notify the Facilities department and Warehouse for portable cylinder delivery to critical care areas, immediately.

D. Notify Administration of the emergency, and notify all affected patient care units.

F. Notify the Director of Support Services or designee.

G. The Utilities department will perform the needed repairs or, if necessary, request outside assistance.

   1. Call and request outside assistance, as appropriate.

   2. Make minor repairs, as required.

   3. Perform all necessary tests of the oxygen system.

   4. Notify the Director of Support Services, the Utilities Supervisor, and each

      Unit Supervising R.N. when the system is back in service.

Rev: 4/98, 12/98

Purpose:

To define the steps that should be taken in the event of a medical vacuum system failure.

Reference:

Accreditation Manual for Hospitals, Standard PL.4.4

General Information:

A. Possible reasons for a failure of a medical vacuum system.
   1. Equipment failure.
   2. Disruption of a supply line.

B. Warning signs or indicators of failure.
   1. Audible alarm.
   2. Call from an affected area.

C. Back-up mechanisms.
   1. Portable aspirator units stored in the nurse's station on the unit.
   2. Portable aspirator units stored in Central Supply.
   3. Stand-by vacuum units.

D. Areas that may be affected.
   1. Inpatient nursing areas.
   2. Medical office procedure rooms
   3. Specially designed on-ward sleeping rooms.

Procedure: Each Unit Supervising R.N. is responsible to:

A. Check to be sure that all pumps are operating properly.

B. Make sure that all valves are in their proper position.

C. If the pumps are running and valves are properly positioned, check for a disruption in the supply line.

D. If pumps have failed, notify the Utilities supervisor and advise him/her of the situation. The Utilities Supervisor will then determine the estimated time it will take to restore the particular function.

F. Notify the Director of Support Services or designee.

G. The Utilities department will perform the needed repairs or, if necessary, request outside assistance.

Purpose:

To define the steps that should be taken in the event of a failure of the nurse call system.

Reference:

Accreditation Manual for Hospitals. Standard PL.4.4

General Information:

A. Warning signs or indicators of failure.
   1. Inability to cancel audible or visual alarms.
   2. Lack of system response.

B. Possible reasons for failure.
   1. Individual component failure.
   2. Power supply failure in call system control panel.
   3. Circuit breaker trip.

Procedure:

A. When notified by nursing unit (s) of a failure in the nurse call system, instruct staff members to set up an alternative method of communication.

B. Try to identify the cause of the malfunction and repair it.

C. If the problem cannot be resolved within a reasonable time frame, contact the vendor or designee and request immediate service.

Purpose:

To define a procedure for protecting patients, staff, and visitors from the effects of a potentially toxic external atmosphere.

General Information:

A Toxic external atmosphere -- Atmosphere contaminated by chemical cloud, smoke, or other pollutants to the extent that it becomes a significant threat to life or health. A stage 3 smog alert would indicate a toxic atmosphere by this definition.

B. Smoke compartment -- A distinct area of the facility from which or into which smoke or other gases cannot pass. All areas of the Hospital are part of a smoke compartment.

C. Designated receiving areas will be established at the time of the disaster.

Procedure:

A. When informed that the Hospital is in or expected to be in a toxic external atmosphere, alert the Hospital administrator or designee.

B. Alert the Command Center administrator or designee that all foot and ambulance traffic from the outside is to be restricted to the designated receiving area and that all doors from the Emergency Area to the outside are to be kept closed.

C. Shut down all air handlers (and outside make-up air units where feasible) in the building.

D. Contact the Security Department and ask that they put barricades and directional signs in front of all primary entrances except the one leading to the designated receiving area. Ask them to lock all other entrances.

E. Ask the Hospital Administrator or designee to issue a request via the public address system that no one leave the building (s) or open doors to the outside.

F. Close all interior doors leading to the designated receiving area and post signs on them restricting entrance only to authorized personnel (emergency and transportation personnel etc.). If necessary, ask the Security Department to dispatch officers to these doors.

Purpose:

To define a procedure for changing fuel supply on boilers in the Heating Plant.

General Information:

A. The Utah State Hospital Heating Plant boilers are on an interruptible natural gas supply. There may be times when the Hospital will be asked to change over from natural gas to an alternative fuel (diesel oil #2).

B. The alternate fuel supply gauge is checked and recorded the first of each month to insure that there is always at least 15,000 gallons of diesel oil #2 in the supply tank.

C. The following procedure and protocol is used when the Hospital is notified by Quasar Gas to change from natural gas to an alternate fuel supply.

Procedure:

A. When notified to change from natural gas to the alternative fuel (diesel oil #2), always notify the On-Duty Boiler Operator to have the procedure accomplished at 4-4748, and the Utilities Supervisor at 4-4743.

B. When changing from natural gas to the alternative fuel (diesel oil #2), the following procedures are used.

1. Turn off all boilers that are being utilized on the system. (Example: Only boilers #1 and #2 are used with alternative fuel)
2. Open fuel valve to diesel oil pumps located on the South end of the Heating Plant behind boiler #2.
3. Turn on either no.#1 or no.#2 fuel pump. You do not need to turn on both. One pump is always a spare.
4. Change the switch, located on the East side of the boiler (s) from gas to oil.
5. Open pressure regulator valve located on the West side of boiler (s).
6. Open the nozzle valves located on the front West side of the boiler (s).
7. Turn on the boiler (s).
8. If the boiler (s) fail, re-check all gauges and re-start.
9. To better insure no boiler failures, start boilers #1 and #2 for 2 hours each week.

C. When changing back from the alternative fuel (diesel oil #2) to natural gas repeat the steps in the following order:

1. Turn off the boiler (s).
2. Close the nozzle valves located on the front West side of the boiler (s).
3. Close the pressure regulator valve located on the West side of boiler (s).
4. Change the switch, located on the East side of the boiler (s) from oil to gas.
5. Turn off either no.#1 or no.#2 fuel pump. Only one pump will be in use.
6. Close fuel valve to diesel oil pumps located on the South end of the Heating Plant behind boiler #2.
7. Turn on all boilers that will utilize the natural gas as the primary fuel.

Purpose:

To define the general safety rules for work in Facilities Management.

Reference:

Accreditation Manual for Hospitals, Standards PL.1.2.1 and 1.6.1

Rules:

1. Work Areas

A. Keep all machinery and shop areas in a clean, orderly, and well-organized condition.
B. Allow sufficient space around machinery to permit inspection and repair.
C. Provide at least 50-foot candles of lighting in all work areas.
D. Install tube guards over lights, which are less than 8 feet from the floor or which may be subject to damage during the movement of large boxes or equipment.
E. Isolate and barricade work areas from external hazards or distraction.
F. Post warning signs around work areas so that they do not pose a hazard to others.
G. Do not leave tools or equipment where they may create a tripping hazard.
H. Keep all fire exits clear and do not obstruct identifying signs.
I. Make sure all work areas are properly ventilated for the work being performed.

2. Machinery and Equipment

A. Operate only that machinery or equipment that you have been trained and authorized to use.
B. Do not use equipment with cracked cords or broken plugs.
C. Inspect ropes, cables, and chains for defects regularly and replace them as necessary.
D. Make certain machine guards are properly attached or installed as required.

3. Hazardous Substances

A. Use eye protection whenever indicated or required.
B. Use other types of protective devices, equipment, or clothing whenever indicated or required.
C. Store flammable liquids in limited quantities in containers approved for such use.

D. Make certain containers are properly marked. Discard substances left in unmarked or improperly marked containers.

E. Use the proper trigger assembly for the delivery of compressed air used in cleaning so that the pressure does not exceed 30 PSI. Do not clean clothing with compressed air.
F. If accidently exposed to a toxic substance, obtain medical attention immediately.
G. Remove broken glass immediately with a broom or brush and dust pan. Do not pick up broken glass by hand, without proper gloves, made for that use.
H. Do not enter the rooms of patients receiving treatment until authorized to do so, by someone in authority, and always wear protective clothing suitable for the condition of entry.

4. Electrical Safety

A. Do not operate power tools unless you have been trained and authorized to do so.
B. Remove from service and repair any power tool with a cracked cord or broken plug, or that causes a minor shock during use.
C. Maintain a clearance of 3 feet around any electrical control panels at all times.
D. Use only those extension cords and trouble lights that have been approved by the department.
E. Do not use metal ladders for electrical work of any kind.
F. Deactivate and secure with a padlock electrical circuits before doing work on the circuit or on equipment connected to it.
G. Do not repair, service, or perform any work on energized electrical lines or equipment except for:
    1. Testing of line voltage and current.
    2. Cutting of power lines presenting an immediate hazard to life.

H. Perform electrical safety test procedures in a manner specified in Facilities Management Policies & Procedures.

5. Ladders

A. Check to be certain all elevated platforms, step ladders, or extension ladders are in good condition and repair before use.
B. Use only ladders with a non-slip base.
C. Do not use metal ladders for electrical work of any kind.

6. Other Precautions

A. Use proper lifting techniques at all times. Use mechanical equipment or request assistance when lifting very heavy objects.
B. Do not participate in horse-play or practical jokes on the work-site.

7. Report any and all accidents, regardless of severity, to your immediate supervisor as soon as possible. Obtain medical treatment as necessary

and submit the required documentation promptly.

Purpose:

To define the procedures for Lock Out/Tag Out in accordance with PART 1910 - OSHA Standard. This standard covers the servicing and maintenance of machines and equipment in which the unexpected energization or start-up of the machines or equipment; or release of stored energy which could cause injury to employees. This standard establishes minimum performance requirements for the control of such hazardous energy.

Reference:

Accreditation Manual for Hospitals, Standard PL. 1.2.1

General Information:

Thanks to modern technology, massive amounts of energy can be released with a simple flick of a switch. It is these different types of energy, ie.. Electrical, hydraulic, pneumatic, mechanical, chemical, and thermal that are the back bone of the industrial world.

When it's time to shut down this massive energy, to work on it, controlling it can be dangerous. Accidents do occur. To minimize these mishaps, and possibly prevent injury to the employee, OSHA established a Control of Hazardous Energy Standard in 1989. In 1990, an OSHA standard 29 CFR 1910.147 went into effect. Its purpose requires all employers to establish an energy control program on how to lock out and tag out machinery and equipment that will be serviced or repaired. The following protocol is used at USH.

What is LockOut/TagOut:

A. The LockOut devise is usually a key or combination lock that secures a switch, lever, or valve in the OFF position. This prevents the machinery from starting or being turned on by accident during maintenance.

B. In TagOut, a written warning is attached to a power or energy source. It warns employees not attempt to turn the equipment on until the tag is removed. Tags provide workers with vital information about the LockOut/TagOut procedure and may be used in combination with locks for double protection.

C.. Tags are used without locks only when it isn't possible to lock out an energy source, or when it has been clearly demonstrated that a tag will effectively prevent accidental start-up. The lock and tag combination offers much better protection and should be used whenever possible.

Workers performing maintenance must often take additional precautions an equipment that is merely tagged out.

When to Use LockOut/TagOut:

A. LockOut/TagOut is necessary any time you are working on equipment to prevent its unexpected start-up by either the release of stored energy or accidental initiation.

B. LockOut/TagOut always should be used:
   1. When repairing electrical circuitry.
   2. When performing other than routine or repetitive maintenance on machinery.
   3. When clearing a jammed or blocked machine.
   4. When rebuilding equipment.
   5. During equipment set-up.

How to LockOut/TagOut:

The OSHA regulation at 29 CFR 1910.147 lists a six-step procedure for the LockOut/TagOut of hazardous energy.

Step 1

A. **Step one is to prepare for shutdown**. This includes surveying the facility and listing all equipment that requires LockOut/TagOut, including locations and energy sources.
   1. Procedures to shut down and de-energize the equipment must be included, along with the type of LockOut/TagOut devices required. A floor plan can be very helpful in tracing the flow of energy to its source.
   2. Names of authorized and affected employees must also be included.
   3. Authorized employees service and maintain machines and equipment. They use LockOut/TagOut for their own protection.
   4. Affected employees do not take an active part in LockOut/TagOut, but work in the area where the energy control procedures will be carried out. They must be notified when a LockOut/TagOut procedure is beginning and why.

Step 2

A. **Step two is to turn off the equipment**. Follow the facilities written procedures for turning off the equipment so that it can be shut down in an orderly manner without endangering anyone.

Step 3

A. **Step three is to isolate all the equipment's energy sources**. This may involve pulling a plug, flipping a power switch, breaking a circuit, or closing a valve. There may be more than one shutdown point. If so, all

of them must be isolated. This includes remote controls such as timers.

1. Check to see if the power source has been disconnected by trying to turn on the equipment.

Step 4

A. **Step four is to lock out and/or tag out all energy sources according to the Facility Energy control plan**.

1. All LockOut/TagOut devices must be a standard size, color, or shape.
2. Every authorized worker who performs LockOut/TagOut must have his/hers own lock. Duplicate keys must be secured in a supervisor's office for emergency use only.
3. LockOut locks must be strong enough to prevent removal except by bolt cutters or other metal cutting tools.
4. When more than one person is working on equipment, a LockOut hasp is used so that all workers can apply their own tools.
5. If a lock cannot be placed directly on an energy control, a device such as a gate valve LockOut may be necessary.
6. Other LockOut devices include ball valve lockouts, plug lockouts, wall switch lockouts, and circuit breaker lockouts.
7. Place a tag or a LockOut device on every source. Tags provide vital information and extra protection.
    a. Tags must include a prominent hazard warning such as; Do Not Start, Do Not Open, Do Not Close, Do Not Energize, and Do Not Operate.
    b. Tags must include the name of the worker who applied the tag, the date and time work began, and the type of work being performed.
    c. Tags must be durable and not deteriorate or become illegible when exposed to the sun or corrosive or wet environments.
    d. Tags must be attached with a self-locking, non-reusable nylon cable tie or similar device that can't be released with less than 50 pounds of strength.

Step 5

A. **Step five involves checking for hazardous residual or stored energy in the equipment.**

1. Release any residual energy that may be present in springs, unsecured machine parts, rotating flywheels, hydraulic systems, and steam lines.
2. You may have to discharge capacitors, ground electrical circuits, bleed, block, or vent to remove the residual energy.
3. Activate other pneumatic, hydraulic, or steam controls to determine if all energy has been disconnected. On a chemical tank, empty the lines of steam, raw materials, and water.
4. Press the ON button to make sure the equipment has no power. Make sure the machine has stopped turning and is motionless.

Step 6

A. **Step six is where you test the equipment to verify that all energy**

sources have been isolated and that it won't start while you are working on it.

1. Make certain no one is close enough to get hurt in case the equipment should be activated. Then put all controls in the ON position. Make sure the power doesn't go on and that the equipment will not operate.
2. Use a volt meter or other measuring equipment to check switches.

3. Verify that the main disconnect switch or circuit breaker can't be moved to the ON position.
4. After these final checks have been made, the authorized worker can give the approval to perform the necessary service or maintenance on the equipment.

Removing LockOut/TagOut:

A. When the repairs are completed, check to make sure all tools and debris have been removed from the area.

B. Check the equipment to make certain all guards have been re-installed and that it is now safe to operate. Notify everyone who works in that area that the LockOut/TagOut is being removed.

C. Remove the LockOut/TagOut devices.

D. Except in emergencies, each LockOut/TagOut device must be removed by the worker that installed it. When multiple locks are used, the last person to remove his/her lock should also remove the hasp or other LockOut device. This is often the supervisor, but is not mandatory.

E. The equipment can now be re-energized and other workers notified the equipment is fully operational again.

Special Situations:

When contractors or other workers are performing service or maintenance at the Hospital, LockOut/TagOut information must be exchanged between principle parties. It is important to understand the other company's energy control program and be alert for new types of LockOut/TagOut devices.

If work on the equipment lasts for more than one shift, LockOut/TagOut protection must not be interrupted.

During shift, crew, or department changes, the authorized employee in the original shift should meet with the authorized employee of the next shift and review the work that is being performed and the location of all LockOut/TagOut devices. Then, the following shift will LockOut and TagOut immediately after the original shift's locks and tags are removed.

Summary:

These LockOut/TagOut procedures can safe lives when employees are working around hazardous energy sources. There are six steps toward safety.

1. Prepare for shutdown.
2. Turn off the equipment.
3 isolate all energy sources.

4. Lock out and tag out all energy sources.
5. Check for hazardous residual or stored energy.
6. Verify energy isolation.

It is important to follow correct procedure during LockOut/TagOut. Your life and the lives of co-workers may depend on your ability to follow correct procedures. Always obey the law.

Rev: 5/98, 12/98

Purpose:

To describe and delineate procedure and responsibility for a written Facilities Management hazard communication and hazardous materials and waste program.

Reference:

Accreditation Manual for Hospitals, Standards PL.1.6.1 and 1.6.2

Definitions:

A. **Occupationally Exposed** - Exposed to a substance as a primary requirement of employment. Example: "Housekeepers using chemicals in the line of duty."

B. **Material Safety Data Sheets (MSDS)** - Written or printed material prepared by a manufacturer or importer concerning physical and chemical properties; physical hazards or reactivity; health hazards; safer exposure limits; generally applicable precautions for safe handling, use, and control; emergency and first aid procedures; and waste disposal procedures.

Policy:

It is the policy of the Utah State Hospital to prevent health hazards to patients, staff, and the public. To accomplish this, hazardous chemicals as defined by regulatory bodies are controlled by the Warehouse, Facilities Management, Nursing Services, Food Service, and Housekeeping. It is each department's intent to comply with all applicable regulations, standards, and guidelines within constraints predicated on resource availability and risks.

A. **Objectives of the Program:**

1. To identify, manage, and whenever possible, reduce the types and quantity of hazardous materials and wastes within the Hospital from the point of entry to the point of final disposal.

2. To recognize and reduce risks associated with the storage, handling, and disposal of hazardous materials and wastes to staff, patients, visitors, and the community.

3. To ensure Hospital compliance with federal, state, and local laws and regulations governing the storage, handling, and disposal of hazardous materials and wastes.

B. **Identification of Hazardous Materials and Wastes**:

1. The Risk Management Director is responsible for developing a program. The other agencies involved, (Facilities Management, Warehouse, Nursing Services, Food Service, and Housekeeping) are responsible for maintaining a list of hazardous materials from labels on materials received in each department and MSDS sheets related to those materials for which their employees may receive an occupational exposure. Methods of disposal for hazardous wastes generated by this material or other means will also be maintained.

2. The Risk Management Director will submit a report to the Safety committee as part of its annual hazard surveys, confirming that hazardous materials and wastes used at the Hospital have been reviewed and appropriately identified.

C. Notification and Labeling of Hazardous Materials:

1. The Risk Management Director posts or files in easily accessible areas a list of materials that have been determined to be hazardous, identified by a recognizable name, that are present in the immediate area.

2. The Risk Management Director updates the hazardous materials lists when informed that new or existing products have been determined to be hazardous, and sends a copy of the updated list to each of the departments involved in maintaining MSDS sheets.

3. The Risk Management Director or designee verifies that each container of a hazardous material received has not had its label removed of defaced before use. If these materials are transferred to other containers used to store or transport the hazardous materials for a period longer than a work shift, those containers are labeled and marked appropriately.

4. Outside contractors , vendors, and their employees working in an area with hazardous materials present, will be informed about the hazardous material. They will be required to wear appropriate clothing to ensure their safety while in the area.

D. Material Safety Data Sheets (MSDS):

1. The Risk Management Director sends a copy of the MSDS received for each material used to the safety officer and sends another as a readily accessible copy to each department that will be using that material. These copies are kept in a marked binder labeled MSDS.

2. The Risk Management Director circulates new and revised MSDS sheets to employees within 30 days of their receipt if the new information indicates significantly increased risks to, or measures necessary to protect, employees health as compared to those stated on the original or most recent MSDS provided.

3. If no MSDS is received from the manufacturer for a material that the Director knows has been identified as being hazardous, the Director notifies the safety officer who will request the MSDS from the manufacturer in writing. **The sheet must be received prior to the material being used!**

E. Policy and Procedure Development:

1. The Director of Risk Management is responsible for the development of specific procedures for the handling, use, and disposal of those hazardous materials and wastes to which employees of any department or other employees may be occupationally exposed.

2. Policies and Procedures relating to the handling, use, and disposal of hazardous materials and wastes are sent for review annually to the Safety Committee, the Infection Control Committee, and the Environment of Care Committee.

F. Education and Training:

1. Facilities Management will give each employee information relative to the right of the employee, his physician, or his/her collective bargaining agent. This information will specify the hazardous substances to which the employee may be exposed and to the exercise of that right without fear of discharge or other discrimination by the employer.

2. The employee will receive information relative to the hazard materials and waste program of the department, including:

   a. The requirements, location, and availability of the written program as outlined in the federal OSHA Hazard Communication Standards.

   b. An explanation and interpretation of labeling requirements.

   c. Information and training about any operations in their work area where hazardous substances are present, including safe work practices and the use of appropriate protective equipment.

3. Training in the methods and observation that may be used to detect the presence or release of a hazardous substance in the work-place, such as audible alarms or distinctive odors.

4. Information and training in emergency and first aid procedures to be followed in the event of exposure to hazardous materials or

wastes.

G. Monitoring and Control of Hazardous Materials and Wastes:

1. The Director or designee performs the following:

a. Reviews and updates departmental policies and procedures related to the control of hazardous materials and wastes.

b. Evaluates the department's ability to reduce the level of risk presented by these materials and wastes by trying to substitute using less hazardous materials, and by enhancing engineering controls, such as more frequent maintenance or increased ventilation.

H. Emergency Action Plan:

1. Procedures are developed by the Director to address actions to be taken in the event of minor spills of hazardous materials and wastes. When appropriate, this is in collaboration with the Director of Risk Management and Life safety Officer. Plans for major spills are developed in collaboration with the Disaster Committee and others as necessary.

2. All emergency plans and procedures are sent for review annually to the Life Safety Committee, the Infection Control Committee, and the Environment of Care Committee.

Rev: 5/98, 12/98

Purpose:

To designate responsibilities related to the control of asbestos throughout the Utah State Hospital.

Reference:

Accreditation Manual for Hospitals, Standard PL. 1.6.1 Code of Federal Regulations, Title 29, Section 1910.1001, Occupational Safety and Health Administration (OSHA).

General Information:

A. Definitions:

1. Friable - Material that can be crumbled, pulverized, or reduced to powder in the hand, readily releasing fibers with minimal mechanical disturbance.

2. Non-friable - Matrix-bonded composite material in which fiber release is inhibited as a result of the bonding process (Eg.., starch, glue, cement, etc.)

B. Materials containing asbestos in all facilities built prior to 1975 have been identified and inspected and, as appropriate, removed, enclosed, or encapsulated.

C. Construction projects on facilities built prior to 1975 are not begun until the intended project area has been surveyed for materials potentially containing asbestos fibers, and, if not previously identified, until such materials have been treated for the presence of asbestos.

Policy:

A. A reassessment of all buildings in this facility built prior to 1975 are made semiannually to determine the condition of all previously-identified asbestos-containing material.

B. The reassessment is made by a qualified engineer and includes:
1. The condition of the asbestos-containing materials.
2. Changes in building use.
3. Changes in occupants' activity patterns.

C. Limited damage to pipe covering of boiler lagging discovered during the reassessments are repaired by Facilities Maintenance qualified asbestos technicians with duck tape or a non-asbestos containing shield.

D. If the damage is extensive, requiring removal of large amounts of asbestos-containing material, and EPA licensed contractor is engaged to perform the work.

E. If, as a result of reassessment, it is determined that fiber release has occurred, or is likely to occur, one or more of the following steps are taken, as appropriate:
   1. The material will be removed by the EPA licensed contractor.
   2. The material will be enclosed.
   3. The material will be encapsulated.

F. The reassessment and significant actions are documented in the scheduled maintenance system (Eg.., memos, books, letters of correspondence, etc.).

Rev. 4/98, 12/98

Rev: 05/98, 12/98

Purpose:

To define safe procedures for handling and use of compressed gas cylinders.

Reference:

Accreditation Manual for Hospitals, Standards PL. 1.2.1, and 1.10.1

Policy:

A. Only those personnel trained in proper handling of cylinders, cylinder trucks, cylinder supports, and cylinder valve protection caps are permitted to use or transport such equipment.

B. Cylinder valve protection caps are secured tightly in place unless the cylinder is connected for use.

C. Cylinders are stored in accordance with all applicable NFPA standards.

D. Portable liquid oxygen reservoirs may not be stored in a tightly closed space such as a closet.

E. All cylinders may be transported on a proper cylinder truck or cart, constructed for the intended purpose, self-supporting. And provided with appropriate chains or stays to retain cylinders in place.

F. When small size (A, B, C, D, E) cylinders are in use, they may be attached to a cylinder stand or to therapy apparatus of sufficient size to render the entire assembly stable.

G. Cylinders may not be dropped, dragged, rolled, or picked up by the valve cap.

H. Freestanding cylinders must be properly chained or supported in a proper cylinder stand or cart. They may not be chained to portable or moveable apparatus such as beds and oxygen tents, or supported by radiators, steam pipes, and heat ducts.

I. Very cold cylinders must be handled with care to avoid injury.

J. Cylinders must not be handled with hands, gloves, or other materials contaminated with oil or grease.

K. Contents of cylinders are identified by reading the labels prior to use. Labels must not be defaced, altered, or removed. Cylinders without labels may not be used.

L. Cylinders must be tagged to reflect their capacity: full, in use, empty.

M. Empty cylinders are handled as if they are full.

N. Cylinder valves are opened and connected in accordance with approved procedure.

O. Mixing or transferring of compressed gas from one cylinder to another is prohibited unless it is done by use of an OSHA and/or NFPA approved cascade system.

Procedure:

Opening and connecting cylinder valves.

A. Make certain that apparatus and cylinder valve connections and cylinder wrenches are free of foreign materials.

B. Turn the cylinder valve outlet away from personnel. Stand to the side -- not in front and not in back. Before connecting the apparatus to cylinder valve, momentarily open cylinder valve to eliminate dust.

C. Make connections of apparatus to cylinder valve. Tighten connection nut securely with an appropriate wrench.

D. Release the low pressure adjustment screw of the regular completely.

E. SLOWLY open cylinder valve to full open position.

F. Slowly turn in the low pressure adjustment screw on the regulator until the proper working pressure is obtained.

G. Open the valve to the utilization apparatus.

Purpose:

To define the responsibility of Facilities Management during a Disaster.

Protocol:

A. At the onset of a reported disaster, report to the respective Cost Center (Carpenter, Electric shops).

B. Keep radios on: Maintain radio contact with the Command Center.

1. Take roll to insure accountability.
2. The Director of Support Services reports directly to the Command Center.
3. Unit supervisors take control of their respective cost centers.
4. Access the needs for disaster assistance.
   a. Electrical shut-offs.
   b. Natural gas shut-offs.
   c. Tools, motorized equipment, etc.
5. Verify that your own area is secure; Eg.. Maintenance shops. If they are not secure, re-locate to a safe environment.
6. Assist the Command Center as the need arises with personnel and equipment.
7. IF PATIENTS ARE WORKING WITH STAFF, HAVE THEM REMAIN THERE UNTIL OTHERWISE NOTIFIED.
8. TIMELY NOTIFICATION OF FAMILY.
9. USE THE PHONE FOR EMERGENCIES ONLY!
10. Follow instructions from the Command Center and remain in your respective areas until released by the Command Center.

C. At the end of each disaster situation, (real or practical) critic and improve.

Rev: 10/98, 12/98

Purpose:

To define the policies, procedures, and steps to be taken to be in compliance with O.S.H.A. standards, and J.A.C.H.O. policies.

General Information:

The Utah State Hospital Facilities Management department has adopted a confined space policy and protocol for its work environment.

Policy:

A. The hospital has confined work spaces that due to various chemical and physical properties may cause death or serious injury to employees who may enter them.

B. The confined space entry program is developed and established to identify, evaluate, and control such spaces, and detail procedures and responsibilities for entering and working within this spaces.

C. Adherence to these policies and Protocol is mandatory for all supervisors and employees of USH. Because of the extreme importance of this "confined space program" supervisors and employees that fail to adhere to this program are subject to disciplinary action and/or dismissal.

Definitions:

A. Confined Space: Any space that is large enough and so configured that an employee can bodily enter and perform assigned work, and has limited or restricted means of entry or exit; and that the space is not designated for continuous employee occupancy.

B. Permit Required Confined Space: Any space that contains or has a potential to contain a hazardous atmosphere; or contains a material that has the potential for engulfing an entrant; or a space that has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or any space that contains any other recognized serious safety or health hazard.

C. Acceptable Entry Conditions: The conditions that must exit in a permit space to allow entry and to ensure employees can safely enter into and safely work within a permit required confined space.

D. Entry: The action by which a person passes through an opening into a

permit required confine space. Entry is considered to occur as soon as any part of the entrant's body breaks the plane of an opening into that space. NOTE: For entry to occur, there must be an intent to bodily enter the confine space. Reaching into a space to adjust a valve, is not considered a permit entry area.

E. Entry Permit: The written or printed document provided by USH to allow and control entry into a permit space.

F. Entry Supervisor: The person responsible for determining and authorizing entry, and overseeing entry operations, and for terminating entry.

G. Hazardous Atmosphere: An atmosphere that may expose employees to the risk of death, incapacitation, impairment of the ability of self-rescue, injury, or acute illness from one or more of the following conditions.

1. Flammable gas, vapor, or mist in excess of 10 percent of its lower flammable limit.

2. Airborne combustible dust at a concentration that meets or exceeds its lower flammable limit. (Dust obscures vision at a distance of 5 feet or less.)

3. Atmospheric concentration of any substance for which a dose of permissible limit is published in sub-part G of Occupational Health and Environmental Control or sub-part Z of Hazardous and Toxic Substances, and/or any other atmospheric condition that is immediately dangerous to life or health.

H. Non-Permit Confined Space: A confined space that does not contain, or with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

I. Prohibited Condition: Any condition in a permit space that is not allowed by the permit during the time when entry is authorized.

J. Testing: The process by which the hazards are identified and evaluated. Testing includes specifying the tests that are to be performed in the permit space.

Confined Space Locations:

A. Work-places within the Hospital that have been surveyed to identify and confined spaces that may be present that have not yet been found and identified.

1. Non-Permit:: Specific locations that have been identified as non-permit confined spaces that may be entered and worked in using normal working procedures.

2. Permit-Required: Locations that have been identified as permit-required confined spaces, and that may be entered ONLY by following the entry permit procedures established in this program.

3. Alternate-Entry: Specific locations where alternate entry may be entered by following the Alternate Entry Procedures.

4. Reclassify: This permit is issued only after the previous hazards have been eliminated and testing done to prove reclassification.

Responsibilities:

The Utah State Hospital or its designee will:

a. Evaluate the work place and identify permit required confined spaces.

b. Inform exposed employees of the existence, location of, and the danger posed by the permit space by posting danger signs or by any other equally effective means.

c. Determine if employees will or will not enter permit required space. If not, take appropriate measures to prevent employees from entering the permit spaces.

d. Provide and document training for all employees that will be part of the program, including in-house rescue personnel.

e. Determine the designated supervisor (s) for permit required entry. Normally they will be Risk Management and Facility Management Supervisors.

f. Provide all specified equipment required for entry in a permit required confined space at no cost to the employee, maintain the needed equipment properly, and ensure that employees are trained to use the equipment properly.

When acting as the host employer for an outside contractor as well as inside work being performed in a permit confined space, the USH designee shall:

a. Inform the contractor of the permit space entry program.

b. Apprize the contractor of hazards of particular permit spaces and the precautions and procedures implemented for the protection of employees in or near permit spaces.

c. Coordinate entry operations with the contractor when both will be working in or near the permit spaces and debrief the contractor after entries.

d. Obtain information from the contractor of the permit program to be followed and coordinate multiple entry operations.

e. Debrief contractors of the hazards encountered or created.

Employees:

a. Will not enter any permit required confined space unless specifically authorized by the entry supervisor and only in full accordance with this program and the OSHA standard.

b. Will attend and complete any scheduled training required by his/her supervisor and this program.

c. When selected as an entrant, attendant, or entry supervisor, perform those duties as outlined in this program.

Program and Procedures:

A. All permit required confined spaces will be identified by Risk Management and Facility Management Supervisors. Exposed employees will be informed of such spaces through posting warning signs, facility maps, and constant training.

B. Only trained and qualified employees will be authorized as permit space entrants, attendants, or the entry supervisor.

C. No employee shall enter a permit space without having a properly completed entry permit, signed by an entry supervisor

D. Entry permit procedures are as outlined:

1. Entrants will obtain an entry permit from the Facility Management Supervisors or Risk Management prior to the entry of the space.

2. The entrant will accomplish all pre-permit actions required for entering the space, such as atmospheric testing, hazard control/elimination actions, have all required equipment on hand, provide for attendant and rescue services, etc.

3. Complete all items on the permit.

4. The entry will be authorized and the permit will be signed only by an authorized entry supervisor. If any item on the permit is checked as "NO" (meaning not yet completed or available), the permit will not be signed.

5. Entry may proceed. A copy of the entry permit will be placed outside the confined space until the permit has been canceled by appropriate personnel.

Testing and Monitoring:

A. Test the space as necessary to determine if acceptable entry conditions

exist BEFORE BEGINNING ENTRY OPERATIONS. Initial testing of the atmosphere must be done from outside the confined space prior to any entry. If isolation of the space is unfeasible because the space is large or part of a continuous system (such as a sewer), entry conditions will be continuously monitored where entrants are working.

B. Test or monitor the permit space as necessary to determine if acceptable entry conditions are being maintained during the course of entry operations.

C. When testing for atmospheric hazards, test first for oxygen, then for combustible gases and vapors, and then for toxic gases and vapors. Parameters for non-hazardous atmospheres are:

1. Oxygen between 19.5 and 23.5 percent.

2. Flammability less than 10 percent of the lower flammability limit.

3. Toxicity less than the permissible exposure limit.

D. An authorized attendant musty be present and monitoring the entry at all times. The attendant will not be assigned any other duties that may interfere with his/her attendant duties. Attendant duties are outlined below.

E. Equipment required for permit required confined space entry includes that equipment required for testing and monitoring; ventilating; communications between the entrant and attendant, and for summoning rescue; personal protection; lighting; barriers/shields for openings; means of ingress and egress; **and any other equipment necessary for safe entry and rescue**.

Rescue and Emergency Services:

A. Non-entry rescue is the preferred method for rescue of personnel from a permit required space. Employees will not enter a permit space for rescue unless they have been specifically trained and equipped for such rescue.

B. To facilitate non-entry rescue, retrieval systems or methods shall be used whenever and authorized entrant enters a permit space, unless the retrieval equipment would increase the overall risk of entry or would not be of value to any rescue. Retrieval system requirements are:

1. Each entrant shall use a chest or full body harness, with a retrieval line attached at the center of the back near shoulder level, or other appropriate point.

2. The other end of the retrieval line shall be attached to a mechanical devise or fixed point outside of permit space enabling immediate use. A mechanical devise will be used to retrieve personnel from vertical type permit spaces more than five feet deep.

3. If the injured entrant is exposed to any substance with a required MSDS, that MSDS will be made available to the medical facility treating that entrant.

C. If rescue should be become necessary, the attendant will:

1. Notify and summon the rescue team/service.
2. Attempt non-entry rescue procedures to the extent possible by the circumstances.
3. Monitor the situation and be ready to give rescuers information on how many victims, and their status, what hazards, chemical types, concentrations, etc. are present.

D. Only those rescue teams, (Provo City, Emergency Rescue teams, etc.) Will be permitted to enter confined spaces for rescue purposes.

E. Permits will be canceled by the entry supervisor upon completion of the work, or when any prohibited condition exists or arises. Permits cannot be let to expire. Canceled permits must be kept for the annual review.

Program Review:

A. Canceled entry permits will be retained on file for at least one year. The Permit Space Program will be reviewed within one year of each entry using these canceled permits to revise the program as necessary to ensure employees are protected from permit space hazards. A single review covering all entries in the preceding year, may be conducted.

Duties of Participants:Entrant, Attendant, Supervisor

ENTRANT:

1. Know the hazards that may be faced, including the mode, signs, symptoms, and consequences of the exposure.
2. Properly use equipment as required.
3. Communicate with the attendant as necessary to enable the attendant to monitor entrant status and to alert entrants of the need to evacuate the space.
4. Alert the attendant whenever the entrant recognizes any warning sign or symptom of exposures to a dangerous situation, or detects a prohibited condition.
5. Exit from the permit space whenever:
    a. An order to evacuate is given by the attendant or the entry supervisor, or an evacuation alarm is activated.
    b. The entrant recognizes any warning sign or symptom of exposure to a dangerous situation, or detects a prohibited condition.

ATTENDANT:

1. Know the hazards that may be faced during entry, including the mode, signs, symptoms, and consequences of the exposure.
2. Be aware of possible behavioral affects of hazard exposure.
3. Continuously maintain an accurate count and identity of authorized

entrants.

4. Remain outside the permit space during entry operations until relieved by another attendant.

5. Communicate with entrants as necessary to monitor entrant status and to alert entrants of the need to evacuate.

6. Monitor activities inside and outside space to determine if safe for entrants to remain in space and orders evacuation when necessary.

7. Summon rescue and emergency services when assistance for emergency exit from permit space is necessary.

8. Take the following actions when unauthorized persons approach or enter a permit space while entry is underway:

    a. Warn them to stay away, or exit immediately if they have entered.

    b. Inform the entrants and entry supervisor if unauthorized persons enter the confined permit space.

9. Perform non-entry rescues as specified by Hospital procedure.

10. Perform no duties that might interfere with your primary duty to monitor and protect authorized entrants.

ENTRY SUPERVISOR:

1. He/she must know the hazards that may be faced during entry, including the mode, signs, symptoms, and consequences of the exposure.

2. Verify that acceptable conditions for entry exist before endorsing the permit and allowing entry to begin.

3. Terminate the entry and cancel the permit when entry operations are complete or a prohibited condition arises.

4. Verify that rescue services are available and the means for summoning them are operable.

5. Remove unauthorized individuals who enter or who attempt to enter the permit space.

6. Determine, whenever responsible and at appropriate intervals, that acceptable entry conditions are maintained.

TRAINING:

1. Only trained and qualified employees may be authorized as entrant, attendant, and entry supervisor. The training will establish proficiency in the duties required by this program so that the employee acquires the understanding, knowledge, and skill necessary for the safe performance of his/her duties.

2. Training must be completed before employee is assigned duties under this program, before there is a change in assigned duties and, whenever a supervisor has reason to believe either that there are deviations from permit space entry procedures or inadequacies in the employee's knowledge or use of this program.

3. Supervisors will certify that this training has been accomplished. The certificates will contain the employee's name, signature or initials of the instructor, and the dates of training. The certification will be kept on file.

ALTERNATE ENTRY PROCEDURES:

1. Alternate entry procedures may only be used when the only hazard is an actual or potential hazardous atmosphere. If alternate entry procedures are used, no permits are needed, no attendant or supervisor are required, and rescue provisions need not be used. Training and a written certification are required.

Conditions To Be Met To Qualify For Alternate Procedures:

a. The only hazard posed by permit space is an actual or potential hazardous atmosphere.

b. Continuous forced air ventilation alone is sufficient to maintain safe permit space.

c. Monitoring and inspection data that supports above demonstrations have been developed and documented.

d. If initial entry is necessary to obtain above data, it shall be performed in accordance with this program.

e. Documented determination and supporting data will be made available to entrants.

Entry Must Be In Accordance With The Following Requirements:

a. Any condition making it unsafe to remove an entrance cover shall be eliminated before removing the cover. When entrance covers are removed, the opening shall be promptly and effectively guarded.

b. Before entry, the internal atmosphere shall be tested with a calibrated direct-reading instrument, for the following conditions in the order given:

c. Oxygen content; 19.5 - 23.5%

d. Flammable gases, vapors; <= 10% of Lower Flammable Limit.

e. Potential toxic air contaminants; < Permissible Exposure Limit

1. There may be no hazardous atmosphere within the space whenever any employee is inside the space.

2. Continuous forced air ventilation shall be used as follows:

a. Entry not permitted until hazardous atmosphere is eliminated.

b. Ventilation shall be directed to immediate areas where employees are or will be present and will continue until all employees have left the space.

c. Air supply shall be from a clean source and may not increase hazards in the space.

3. Atmosphere with space shall be periodically tested as necessary to ensure that ventilation is adequate. If hazardous atmosphere is detected during entry:

    a. Each employee shall leave immediately.

    b. Space shall be evaluated to determine how hazardous atmosphere developed, and;

    c. Measures must be taken to protect employees from hazardous atmosphere before any subsequent entry.

4. The entry supervisor will verify that the space is safe for entry and that all of the above requirements have been met. **Such verification will be in writing to include the date, location of the space and the signature of the person providing the certification, and shall be made available to each employee before entry**.

Permit Space Re-classification:

A. A permit space may be re-classified as a non-permit space.

1. If there are no actual or potential atmospheric hazards and if all hazards within permit space are eliminated without entry, space may be re-classified for as long as the non-atmospheric hazards remain eliminated.

2. Hazards may be eliminated by such actions as purging or inverting tank/vessels of contaminants, emptying material from hoppers/bins, use of lockout/tagout procedures for electrical/mechanical hazards. The control of atmospheric hazards through forced air ventilation does not constitute elimination of that hazard. It only controls the hazard and the preceding Alternate Entry Procedure must be used in such cases.

3. If entry is required to eliminate hazards, it shall be according to regulations and the space may be re-classified for as long as the hazards remain eliminated.

4. Entry supervisors will certify in writing that all hazards in permit space have been eliminated and make the document available to each entrant.

5. If hazards arise in de-classified permit space, employee (s) shall exit and the employer shall determine whether to re-classify the space.

NOTE:
A combination of re-classification procedures and alternate entry procedures, such as using lockout/tagout to eliminate a physical hazard, then continuous forced air to control an atmospheric hazard, may NOT be used together. Situations as such must be entered under the permit program.

Written Permit:

A. The following information must be include in the written permit. The permit must be a standardized format for each entry.

1. The permit space must be entered.
2. The purpose of the entry.
3. The date and the authorized duration of the entry permit.
4. The authorized entrants within the permit space, by name or by such other means.
5. The personnel by name, currently serving as attendants.
6. The individual, by name, currently serving as entry supervisor, with space for signature or initials.
7. The hazards of the permit space to be entered.

8 the measure used to isolate the permit space and to eliminate or control permit space hazards before entry.

9. The acceptable entry conditions.
10. The results of initial and periodic tests, with the names or initials of the testers and when the tests were done.
11. The rescue and emergency services that can be summoned and the means for summoning them.
12. The communication procedures used by authorized entrants and attendants to maintain contact during entry.
13. Equipment, such as personal protective equipment, testing, communications, alarm system, and rescue equipment must be provided for compliance with this section.
14. Any other information whose inclusion is necessary in order to ensure employee safety.
15. Attach any additional permits, such as for hot work, that have been issued for work in the permit space.

Rev: 11/00, 10/02

Purpose:

To define safe procedures for the reduction of potential hazards of an organizational-acquired illness, minimizing the risk of Legionellosis associated with building water systems.

Reference:

Accreditation Manual for Hospitals, Standards EC.1.9, O.S.H.A., and ASHRE Guideline 12-2000.

General Information:

The Utah State Hospital Support Services Department has adopted a "Preventing Legionella" policy and protocol for its work environment.

Scheduled Maintenance System (MP2). A computerized information system used to facilitate the scheduling, monitoring, and documenting of equipment and environmental maintenance.

Policy:

A. The hospital has developed a management plan and standard that addresses preventing Legionella through its "Waterfall System" anywhere at the Hospital facility.

B. This plan describes how the hospital will establish and maintain a systems management program to:

   1. Promote a safe, controlled, comfortable environment of care.

   2. Assess and minimize risks of tower failures.

   3. Ensure operational reliability of tower systems.

C. The plan provides processes for establishing criteria for identifying, evaluating, and taking inventory of critical operating components of systems to be included in the utility management program.

D. These criteria address the best practices and recommendations for minimization of risks associated with Legionella:

1. Monitoring Legionella in Cooling Towers
2. Routine Treatment; Continuous Application of Halogens
3. Routine Treatment; Intermittent use of Halogens
4. Routine On-Line Disinfection: Hyperhalogenation
5. Emergency Disinfection

E. Inspecting, testing, and maintaining critical operating components.

F. Inspecting, testing, and maintaining critical components of piped Water Tower systems including master signal panels, area alarms, automatic pressure switches, shut-off valves, flexible connectors and outlets.

G. Developing and maintaining current utility operational plans to help insure reliability, minimize risks, and reduce failures.

H. Managing the distribution of Water Tower systems and labeling controls for a partial or complete emergency shutdown.

I. Investigating Water Tower systems problems, failures, or user errors and reporting incidents and corrective actions to Risk Management for disposition.

J. In addition, the plan establishes an orientation and education program that addresses:

1. Water Tower systems' capabilities, limitations, and any special applications.
2. Emergency procedures in the event of system failures (SMS) - (MP-2).
3. Information and skills necessary to perform assigned maintenance responsibilities.

K. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following:

1. Staff knowledge and skills.
2. Level of staff participation.

3. Monitoring and inspection activities.
4. Emergency and incident reporting.
5. Inspection, preventive maintenance, and testing of equipment

Protocol:

Since Legionella micro-organisms grow in water temperatures of 77 degrees Fahrenheit to 108 degrees Fahrenheit, with the optimal range at 98.6 degrees Fahrenheit, it behoves the end user to maintain temperatures higher than 108 degrees Fahrenheit or lower than 77 degrees Fahrenheit. The environment becomes more hostile for these micro-organisms to grow either on the low or high side

The Utah State Hospital adopted the following safeguards, initiated by the water system operator, in 1993. They have been in use since that time.

1. All hot water storage vessels maintain a minimum temperature of 130 degrees Fahrenheit.

2. Potable water storage reservoirs maintain a water temperature of 58 degrees Fahrenheit.

    a. Each month, chloroform water samples are taken by the hospital water system operator, as dictated by EPA, and delivered the Utah State Department of Environmental Quality and Division of Drinking Water for analysis. A report written and returned to the hospital for filing.

3. All cooling towers are chemically treated, by schedule and monitoring devices, with Tolcide 200, and Microbiocide 7420, mfg. trade marks.

    a. Testing is done once a month by the chemical distributor.

    b. Testing is done weekly, monthly, and annually by the journey maintenance worker assigned to HVAC. This is accomplished via the SMS (MP-2) computerized work order system.

4. The swimming pool has a temperature of 90 degrees Fahrenheit and is chemically treated with chlorine and is monitored daily by the Recreational Therapist assigned.

Procedure:

1. Monitoring Legionella in Cooling Towers: (MP2)

    a. Evaluate system cleanliness and the effectiveness of microbial control by visual inspection as well as through regular monitoring of bulk water (plantonic) and surface (sessile) microbial populations.

    b. Check cooling tower deck and tower fill for gross evidence of biofouling. When operations permit, the mist eliminator section of the cooling tower should also be inspected for biological deposits.

    c. Contact proper authority for the collection of any deposits for microscopic examination by licensed, trained microscopists.

2. Routine Treatment; Continuous Applications of Halogens: (MP2)

    a. For relatively clean systems or where clean potable water makeup is used, feed a source of halogen (chlorine or bromine) continuously and maintain a free residual.

    b. Stabilized halogen products should be added according to the label instructions, and sufficient to maintain a measurable halogen residual.

    c. Discharge of system water directly to surface water may require dehalogenation.

    d. A biodispersant/biodetergent may aid in the penetration, removal, and dispersion of biofilm and often increases the efficiency of the biocide.

    e. Continuous halogen programs may require periodic use of nonoxidizing biocides. The choice of nonoxidizing biocides should be based on the results of toxicant evaluations. Reapply as dictated by results of biomonitoring.

3. Routine Treatment; Intermittent Use of Halogens: (MP2)

    a. Intermittent use of halogens is recommended only when continuous use is not possible.

    b. As a minimum control program for relatively clean systems or where water is used for makeup, establish a free halogen residual of at least 1.0 ppm and hold this residual for no less

than one hour each day.

c. Stabilized halogen producrs should be added according to the label instructions and to achieve a measurable halogen residual. This residual should be held for no less than one hour each day.

d. Bulk water and sessile counts, along with microscopic examination of deposit samples, will be necessary to ensure that the concentration and duration of halogen residuals are accurate.

e. A biodispersant may aid in penetrating the biofilm and may increase the efficiency of the biocide.

f. Discharge of system water directly to surface water may require dehalogenation.

g. Nonoxidizing biocides are critical to the cleanliness of systems treated intermittently with halogens and are recommended. The choice of nonoxidizing biocide should be based on the results of toxicant evaluations.

4. Routine On-Line Disinfection:Hyperhalogenation: (MP2)

a. Periodic on-line disinfection may be necessary for systems:

1. That have process leaks.

2. That have heavy biofouling.

3. That use reclaimed wastewater as makeup.

4. That have been stagnant for a long time.

5. When the total aerobic bacteria counts regularly exceed 100,000 CFU/ml.

6. When *Legionella* test results show greater than 100 CFU/ml.

5. Emergency Disinfection: (MP2)

a. Conduct emergency disinfection when:

1. When very high *Legionella* counts exist >1000 CFU/ml.

2. In cases where Legionaires disease are known or suspected and may be associated with the cooling tower.

3. When very high total microbial counts (>100,000

CFU/mL) reappear within 24 hours of a routine disinfection (hyperhalogenation).

Summary:

1. To minimize the proliferation of *Legionella pneumophila* and the associated risk of Legionaires' disease, the consensus recommendations are:

    a. Minimize water stagnation.

    b. Minimize process leaks into the cooling system that provide nutrients for bacteria.

    c. Maintain overall system cleanliness. This will minimize the buildup of sediments that can habor or provide nutrients for bacteria and other organisms.

    d. Apply scale and corrosion inhibitors as appropriate.

    e. Use high-effeciency mist eliminators on cooling towers.

    f. Control the overall microbiological population.

2.. All other emergency procedures are accomplished using The Utilities Systems Management Plan under Chapters XI - Utility Subcommittee, XII - Utility Systems Policy and Procedures, XIII - Utility Systems Emergency Protocol, and IXV - Utility Systems Safety and Security.

Chapter: Fleet Operations - Authority

2/01

Purpose:

To describe the process by which Fleet Operations runs its programs, and how it facilitates each agency.

References:

Accreditation Manual for Hospitals PL .5

The Utah State Hospital Utilities Management Plan

General Information:

Pursuant to Section 63A-9-401 the Department of Administrative Services is responsible to establish rule regarding the State Fleet.

02/01

Purpose:

To define the following phrases for clarity in response.

[1] "Accident" Any vehicular occurrence, in which a state-owned vehicle, being used to conduct state business, is involved in a traffic mishap resulting in harm or property damage, regardless of total cost of damage repair or treatment. It may also be referred to as an incident.

[2] "Agency" The terms used in this rule are the same as found in 63A-9-101.1 (a) (b) (c).

[3] "Agency Motor Vehicle Policy(AMV)": Any policy written by the agency that covers any agency-specific needs involving the use of state-owned vehicles that are not addressed by state vehicle rules. Agencies shall not adopt policies which are less restrictive than the State vehicle rules.

[4] "Alternative Fuel Vehicles (AFV)" a vehicle either designed and manufactured by an original equipment manufacturer or a converted vehicle designed to operate in either dual-fuel, flexible-fuel, or dedicated modes on fuels other than gasoline or diesel. Examples of alternative fuel types are electricity, bio-diesel, fossil-fuel hybrids, compressed natural gas, propane, hydrogen, methanol, ethanol, and any other vehicle source approved by the Federal government's Department of Energy (DOE). AFVs shall be tracked in the division;s fleet system.

[5] "Authorized Driver" A current state officer, employee, volunteer, or their designee who is conducting state business and who holds a valid driver's license in accordance with the vehicle type that will be operated. Authorized drivers may also be referred to as operator, employee, or customer.

[6] "Authorized Passenger" Any person or animal that has been pre-approved by department head to accompany the driver or designee.

[7] "Commute Use" An employee driving a state-owned vehicle from the employee's place of business to the employee's place of residence, until the start of the next business day for more than five calender days per month.

[8] "Computerized Automotive Resource System (CARS)" refers to the Division of Fleet Operations', modular based, fleet information tracking system.

[9] "Department" is the Department of Administrative Services.

[10] "Division" is the Division of Fleet Operations.

[11] "Emergency Vehicle" refers to state-owned fire personnel vehicles, medical assistance vehicles and police vehicles.

[12] "FO number" refers to a vehicle specific number assigned to each state-owned vehicle for tracking purposes.

[13] "Fuel Network" The State program that provides and infrastructure of fueling, maintenance and repair facilities for the care of state vehicles.

[14] "Motorized Equipment" All small utility vehicles or specialized equipment less than 3,000 GVWR used to perform routine tasks in a specific, controlled or confined work environment. The vehicles include but are not limited to the following examples; golf carts; all terrain vehicles; lawn mowers; farm tractors; snowmobiles; motorized rubber rafts; motorized carts; boats; weed trimmers; trenchers; compressors; snow-blowers; pallet jacks; fork-lifts; and generators. Such items are not required to be tracked at the option of each agency and with the approval of the division.

[15] "Light-Duty Vehicle" refers to all motor vehicles ranging from 3,000 to 10,000 GVWR. Light duty vehicles shall be tracked by the divisions' fleet tracking system.

[16] "Heavy-Duty Vehicle" refers to any vehicle over 10,000 GVWR. These vehicles shall be tracked by the divisions' fleet tracking system.

[17] "Motor Pool" The program within the Department of Administrative Services, Fleet Operations, which is responsible for all motor vehicles owned or leased by an agency on a daily basis.

[18] "Preventive Maintenance" refers to vehicle services such as lube, oil, and filter changes conducted at regular service time intervals to deter mechanical break-down.

[19] "Replacement Vehicle" refers to a vehicle purchased to replace a state-owned vehicle which has met replacement cycle criteria.

[20] "State of Utah Fuel Card" refers to a credit card issued to vehicles by the fuel network program, to be used when purchasing fuel, fluids, wiper blades, car washes, preventive maintenance and minor repairs which cost less than $250, unless otherwise authorized.

Chapter: Fleet Operations - Vehicle Use Standards

Section: FM 9001

02/01

Authority and Purpose:

Pursuant to Section 63A-9-401 (1) (c) the Division of Fleet Operations shall be responsible for establishing requirements governing business and personal uses, including commute and travel standards, safety and loss prevention programs, preventive maintenance programs, billing standards, re-assignment and relocation of state-owned vehicles.

This rule defines the standards of conduct of state employees' while operating a state vehicle.

Chapter: Fleet Operations - Agency Contact

Section: FM 9002

02/01

Purpose:

Agencies shall provide a main contact person from within their agency. A main contact person shall act as a liaison between the Division of Fleet Operations and the agency. A main contact person shall distribute all materials sent out to drivers of leased vehicles, including but not limited to roadside assistance information, Fleet Rules Manual and fueling information.

Purpose:

The purpose of this standard is to set rules governing the usage of all state-owned vehicles.

1. **Operator Authorization**

   a. State Driving privileges shall be withdrawn if the operator's driver's license is invalid, suspended or revoked. Failure of the employe to notify their immediate supervisor about an invalid license shall be grounds for correction, disciplinary action, and/or dismissal from employment.

   b. Failure to obey traffic laws while operating a state vehicle will result in loss of driving privileges.

   c. All payments of traffic citations or parking tickets received while using a State-owned vehicle shall be the responsibility of the individual to whom they have been issued, or by the individual's agency of employment.

2. **Authorized Use of a State Vehicle**

   a. State vehicles shall be used for official state business or pre-approved personal business.

   b. State vehicles shall not be used for any unauthorized purposes

   c. Transporting non-authorized passengers including, but not limited to any type of animal.

   d. Transporting hitchhikers.

   e. Transporting acids, explosives, weapons, ammunition, or any other highly flammable materials unless it is specifically related to employment duties.

   f. Operating a state-owned vehicle while under the influence of alcohol or any drug or combination drug, drugs or alcohol pursuant to sub-sections 41-6-44-(2) and 63-30-36=(3). Any violation to this rule shall be grounds for immediate dismissal.

   g. Personal use of state-owned vehicles is not allowed without the direct authorization of the Legislature, or the employee's Agency Head.

3. **Application for Commute Use**

a. Each petitioning agency shall submit a completed and approved MP-2 form to the Division of Fleet Operations.

b. Approval for commute privileges must be obtained from the Agency Head of the requesting agency before being submitted to the Division of Fleet Operations Director for final approval and processing. MP-2 forms shall be returned to the requesting Department Head after final approval.

c. All approved commute drivers will be assessed the IRS Daily Rate while using a State-owned vehicle. Each commuter will also receive and IRS 1099 form to report additional income.

d. The MP-2 form shall be completed and submitted annually by the department, for continued commute privileges.

e. The agency shall be responsible to enter any additional income reported through commute use privileges into the State's payroll system using the correct commute approval number for each individual.

f. The Division of Fleet Operations reserves the right to withdraw commute privileges at any time for any reason.

g. Agencies shall establish internal policies and procedures to prevent unauthorized and intentional misuse of State-owned vehicles.

3. **Commute Exceptions**

a. Law enforcement as defined in section 53-13-103. Law enforcement vehicles and drivers shall be tracked by DFO as exclusive use, for information gathering purposes.

b. Other exceptions defined by IRS code.

4. **Travel Use Standards**

a. An authorized driver of the state having to spend at least one night on approved travel, to conduct state business, may use a state vehicle in the general vicinity of the overnight lodging for the following approved activities:

1a. Travel to restaurants and stores for meals, breaks, and personal health needs;

1b. grooming, medical, fitness or laundry needs;

1c. pre-approved recreational activities, such as theaters, parks, a friend's or relative's home.

Guidelines:

a. Each agency leasing vehicles from DFO shall conduct an annual vehicle review. Vehicles that are determined to be underutilized may be re-assigned.

b. Agencies shall verify that the information gathered by DFO is correct. Information shall include the year, make, model, vehicle ID number (VIN), actual miles per month, average miles per year, driver and/or program that the vehicle is assigned and the location of the vehicle

c. Long-termed leased vehicles shall be driven the minimum amount of miles, as defined in the DFO service level agreement, per month, averaged throughout a one year period. Specialty vehicles may be excluded from the audit.

d. Vehicles that are not utilized according to the minimum use standard shall be reviewed by the MVRC to determine if the vehicle should be reassigned to a different agency with greater transportation needs. Agencies with leased vehicles not being driven within the utilization guidelines, may be given a six month probation to come into compliance before the case is referred to the MVRC for review.

e. The MVRC may require the exchange of vehicles between agencies to maximize statewide vehicle utilization.

f. The MVRC may decide that an adjustment in the vehicle replacement cycle will allow the program to keep within utilization guidelines.

g. In the event a vehicle is reassigned due to low utilization, the DFO will work with the division or program to accommodate the transportation needs of the employees.

h. In the event a vehicle is found to be over utilized, as part of the annual vehicle review, the agency may choose to rotate the vehicle with a vehicle within the agency receiving less utilization. If the agency chooses not to rotate the vehicle DFO shall adjust the life-cycle of the vehicle to coincide with the increased use. **The adjusted life-cycle shall cause the monthly lease rate to increase.**

Purpose:

The Division of Fleet Operations strives to purchase the most fuel efficient and cost effective vehicles. A white compact four-door sedan shall be the standard vehicle. Requests for speciality vehicles may be denied unless there is a specific need.

Guidelines:

a. A SUV may be requested if State business is being conducted in off-road or undeveloped road conditions. Adverse weather conditions are not considered a specific need.

b. A seven passenger van may be requested if the driver will be transporting more than three authorized passengers.

c. A 15 pasenger van may be requested if the driver will be transporting more than six auhorized passengers.

d. Cargo vans shall be used to transport cargo only. Passengers shall not be transported in cargo vehicles.

e. Alternative fuels shall be the primary fuel used when driving a bi-fuel state vehicle. Drivers shalll make every effort to use an alternative fuel. **Failure to use alternative fuels when available shall result in removal of the vehicle**

Authority:

Pursuant to Subsection 63A-9-401 (1) (b), the Department of Administrative Services, Division of Fleet Operations is responsible for ensuring that state-owned vehicles and peripheral oe add-on equipment for all departments, universities and colleges are properly inventoried and accounted for in one or more automated fleet information systems.

Use Requirements:

a. Each agency managing required state-owned vehicles shall track these vehicles in the divisions' real-time fleet information tracking system.

b. Each agency shall be responsible for inputting accurate data into the CARS systems which shall be used in an automated report, produced by the system, for distribution to the legislation and to the Governors' office of Planning and Budget.

c. Each agency shall enter all vehicle information into the tracking system upon date of purchase.

d. The division shall provide each agency with program access, software up-dates, licensing fee requirements, system reports, LAN coordination, user manuals, user help-desk access, and user training necessary to maintain and operate the divisions' fleet system to track required state-owned vehicles.

e. The cost to provide these services shall be included in the divisions' rates. These costs will be evaluated and analyzed on an annual basis and approved by the states' rate committee.

f. Any agency with motorized equipment in inventory shall report the owner, number, use and location of the equipment on the 1st day of July, each calender year.

g. The motorized equipment shall be tracked with the real-time fleet information tracking system, administered by Fleet Operations.

h. Each agency may elect to track their unique or non required equipment using the divisions' fleet system and core resources. Any costs associated with tracking these non required state vehicles and equipment shall be passed on to the respective agency.

Authority:

Pursuant to Subsection 63A-9-401 (1) (c) (vi) and 63A-9-401 (1) (e), 63A-2-201.1(a), the Department od Administrative Services, Division of Fleet Operations is responsible for establishing rules governing the state fueling program.

Procedures:

a. To request a new or to replace a lost or stolen State of YUtah Fuel Card the agency, Motor Vehicle Contact person, shall provide any and all information requested on the Vehicle Worksheet.

   1. The vehicle worksheet can be obtained through the State Fuel network.

   2. To receive a PIN the agency, Motor Vehicle Contact person shall provide all of the information requested on the Vehicle Worksheet.

b. When purchasing fuel at aState run fuel site the following procedures shall be adhered to:

   1. Enter fueling card into a card reader prior to purchase.

   2. Enter PIN and correct odometer reading, prior to purchase.

   3. Fuel as usual once approval has been given.

c. When purchasing fuel from an approved public fueling site the following procedures shall be adhered to:

   1. Verify the site is an approved public fueling site.

   2. Fuel vehicle as usual, present refueling gas card to the vendor when paying.

   3. Enter PIN and correct odometer reading and wait for approval.

Reimbursements:

Reimbursements shall be granted only when the operator has verified that the vendor is a participant in the State Fuel Network Program and there is a problem with the PIN or Card reader that cannot be repaired prior to purchase. **All other requests shall be denied**.

All requests for reimbursment not containing the following information

shall be denied:

1. Legible receipt of service provider, location, gallons of fuel or service purchased, and price per gallon or cost of service;
2. Vehicle ID number;
3. Fueling Card number;
4. Type of purchase, includes fuel type when applicable;
5. Letter of explanation, include the circumstances leading to the use of personal funds;
6. Signature of operator's supervisor;
7. Odometer reading at the time of purchase;
8. Address and telephone number of the operator.

Fuel Site Maintenance

All fuel sites run by the State or government subdivision shall be operated by the Division of Fleet Operations/Fuel Network. All fuel site maintenance shall be performed by personnel of the Division Fleet Operations/Fuel Network, or authorized agents.

1. Fuel site personnel shall not purchase bulk fuel. Fuel site personnel shall not disconnect power or communication from the fueling site.

2. Fuel site personnel shall not perform or give authorization to perform any site maintenance. Fuel site personnel shall report any maintenance concerns to the Division of Fleet Operations/Fuel Network.

3. Fuel site personnel shall provide the Division of Fleet Operations/Fuel Network 24 hour access to fuel sites for any maintenance or service needs.

4. All fuel stored or contained at State and government subdivision run fuel sites shall be the property of the State of Utah, Division of Fleet Operations/Fuel Network.

5. In the event that a State or government subdivision run fuel site is not part of the Utah Fuel Card system it shall be the responsibility of the fuel site to keep record of all following information to be entered into the vehicle tracking system:

a. Correct odometer reading;

b. Operator's PIN;

c. Vehicle number or license plate number.

Purpose:

To provide a rule that defines safety and loss prevention standards and programs.

Guidelines for Utah State Hospital Employees:

The purpose of these guidelines are to insure that all vehicles are utilized in accordance with State law and USH policies and procedures.

1. Whenever anyone drives a Fleet vehicle, it shall be their responsibility to produce a valid driver's license at the time they pick up the vehicle. The switchboard operator or their designee shall copy that number into a file for future use; no exceptions.

2. All vehicles used shall be given by the switchboard operator or their designee on a rotation basis. The only exception will be for over-night long distance driving. Then those vehicles with cruise control may be issued.

3. The individual that reserves the vehicle from the switchboard operator or their designee must be the driver of that vehicle; no exceptions.

    a. The employee must complete a vehicle request form,

    b. The employee must have a current P.I.N. number,

    c. The employee must have completed the mandatory defensive driving course by the Utah State Hospital staff, (or other state agency),

    d. Upon completion of the use of a vehicle, the employee must fill the vehicle with gas if the tank is half full or less, prior to returning the book to the switchboard operator or their designee.

4. All accidents incurred during the use of a particular vehicle shall be;

    a. reported to the proper Law enforcement agency immediately,

    b. reported on the USH accident form as completely as possible,

    c. reported immediately to the Campus Safety department for the purpose of reporting the accident on the State Fleet Vehicle Accident form. Campus Safety will follow up with the accident form filling in all remaining blank areas, issuring quality control.

    d. reported to the Fleet Manager and Risk Management designee

within 24 hours of the accident.

General Policies and Procedure:

1. In the event of an accident, the driver shall follow all steps in the "What to do if you are Involved in an accident Motor Pool Guide, and the Division of Fleet Operations booklet "The State Motor Pool/Vehicle Use Rules", located in the glove compartment of each vehicle, unless the accident renders the driver incapable, in which case an agency representative shall respond.

2. Official notification of the accident or incident must be given. Driver shall notify direct supervisor immediately following any and all accidents or incidents involving State vehicles or personal vehicles being used to conduct state business.

3. Fleet Operations shall be notified within three working days following any and all accidents or incidents involving State vehicles. The driver shall fill out and accident report that is provided. The report shall be completed with detailed information regarding the accident/incident. The completed report is then sent to the Division of Fleet Operations. In the event of injury due to the accident or incident, Risk Management and the driver's supervisor shall be notified immediately.

Alcohol and Drugs

1. No individual shall operate a State vehicle or personal vehicle being used to conduct state business after the consumption of alcohol or any drug pursuant to Subsections 41-6-44 (2) and 63-30-36 (3). Any violation of this rule shall result in the loss of state driving privileges and possible termination of employment.

Seat Restraint Use

1. All operators and passengers in State vehicles shall wear seat belt restraints while in a moving vehicle. All children being transported in State vehicles shall be placed in proper safety restraints for their age and size as stated in Subsection 41-6-148.20.2 (a).

Defensive Driving

1. Any State employee, volunteer, intern, higher education faculty, staff or student that will be operating a State vehicle, for any reason, shall complete a defensive driving course offered through the Division of Risk Management, prior to the use of a State vehicle.

a. Certification shall be placed in the employees' file.

b. Certification shall be renewed bi-yearly.

c. Agencies shall maintain a list of all employees who have completed the defensive driving course.

Accidents

1. Any operators of State vehicles who are involved in a traffic accident or ticketed for a moving violation shall be subject to corrective action and required to attend an additional defensive driving program within one month of the incident. Failure to attend shall result in loss of driving privileges. The operator or the operators' agency shall be responsible for paying fines associated with any and all tickets for moving violations or improper parking. Failure to pay fines associated with tickets will result in the loss of State driving privileges and possible termination of employment.

2. All accidents shall be reported to USH Risk Management within 24 hours of said accident. Risk management will determine what reports they will process.

Smoking

1. All mutiple-user State vehicles are designated as "nonsmoking". Departments shall be assessed fees for any damage incurred by smoking in vehicles. Departments which allow smoking in exclusive use vehicles, which are leased or purchased in this category, shall be held responsible for the cost to repair any damage or refurbishment as needed to insure the vehicle is suitable to be reissued or sold when the vehicle reaches the criteria for replacement.

Loaner Vehicle

1. In the event of an accident or major mechanical repair to a long-term leased vehicle, operators may request a loaner vehicle from the Motor Pool. The loaner vehicle will come from the daily rental pool. The operator's agency shall pay all variable costs while the vehicle is in their possession. The operator shall return the loaner vehicle within 24 hours of the completion of repairs to the long-term leased vehicle. The operator's agency shall be charged the daily rental rate for any loaner vehicle not returned within the 24 hour deadline.

Purpose:

To provide the method of performing maintenance and preventive maintenance on all vehicles owned by the Depatment of Administrative Serces, Division of Fleet Operations.

Protocol:

1. PM shall be performed every 5,000 miles on all State owned regular duty vehicles, and 3,000 miles on all State owned extreme duty vehicles. All State-owned extreme vehicles shall have transmission services performed every 30,000 miles.

2. Drivers of State-owned vehicles shall have a yearly, State required, safety and emmision inspections performed on their leased vehicles. Inspection compliance certificates shall be foward to the Motor Pool Offices for vehicle registration.

3. When taking a State-owned vehicle in for preventive maintenance, the drivers shall identify the vehicle as being from the State Motor Pool, not the division or department in which they are employed.

4. In the event a State-owned vehicle is in need of repair, and the cost of the repairs is more than $250, the following steps shall be followed by the vehicle's Driver prior to the services being performed:

    a. The driver of the vehicle shall notify the Fleet Operations Call Center of the vehicle problems and provide the Call Center personnel with the year, make, model, and mileage of the vehicle. The driver shall be advised which vendor is best for the needed repairs.

    b. Drivers shall provide the vendor with the license plate number, mileage and FO number or VIN number as well as the phone number to the Call Center for authorization of services. Authorization shall be given through the Call Center.

    c. When taking a State-owned vehicle in for repairs, the drivers shall identify the vehicle as being from the State Motor Pool, not the division or department in which they are employed.

    d. In the event the cost for the services is less than $250 the operator may pay, at a State approved facility, with the Gas Fueling Card assigned to the vehicle.